

Quality Council

August 19, 2021



Call to Order

Agenda

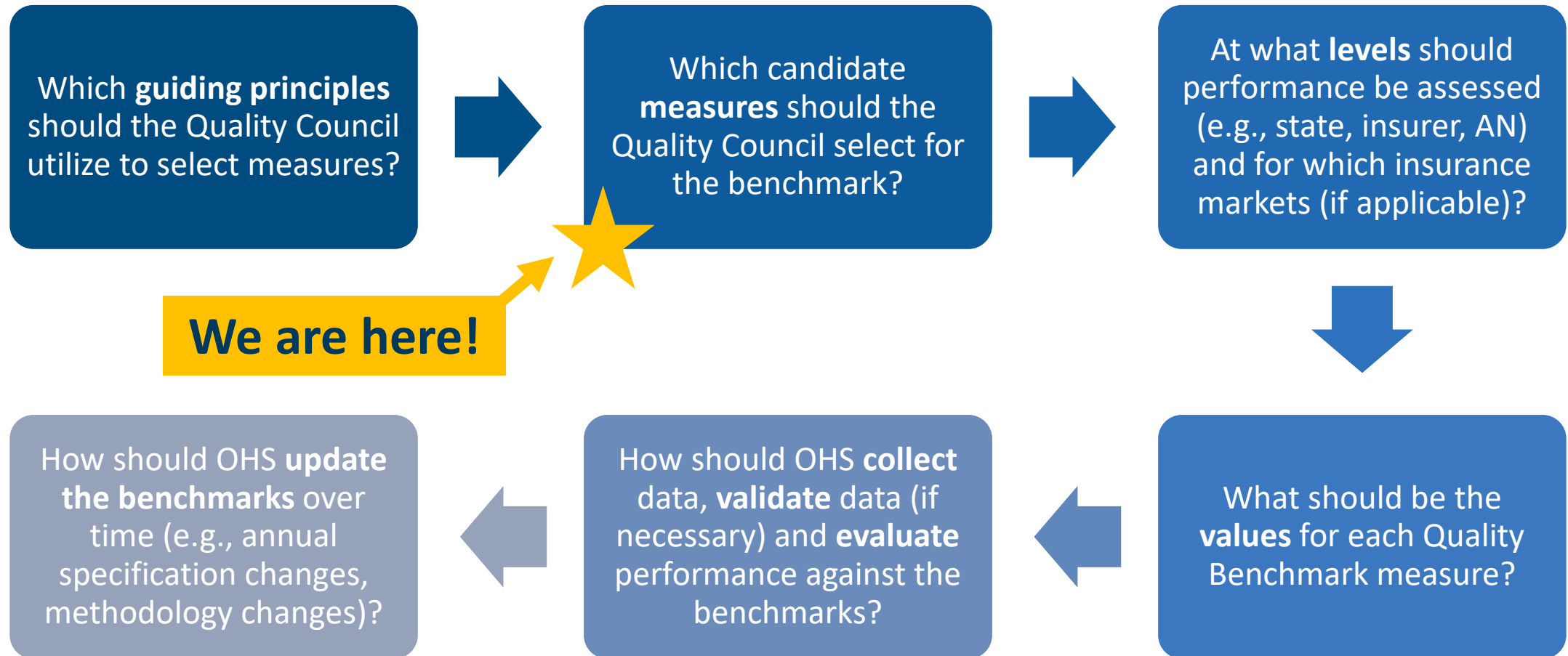
<u>Time</u>	<u>Topic</u>
4:00 p.m.	Call to Order
4:05 p.m.	Public Comment
4:15 p.m.	Approval of July 15, 2021 Meeting Minutes
4:20 p.m.	Conclude Discussion of Quality Benchmarks
4:55 p.m.	Break
5:00 p.m.	Discuss Levels of Quality Benchmark Measurement
5:30 p.m.	Begin Discussion of Quality Benchmark Values
5:50 p.m.	Health Equity Measure (formerly known as REL Measure) Follow-up
5:55 p.m.	Wrap-up & Next Steps
6:00 p.m.	Adjourn

Public Comment

Approval of July 15, 2021 Meeting Minutes

Conclude Discussion of Quality Benchmark Measures

Roadmap of Quality Benchmark Questions to Consider



Recap of Quality Benchmark Discussion

- Over the last two meetings, the Quality Council tentatively recommended ten measures for use as Quality Benchmarks. They focus on behavioral health, obesity, oral health and health equity.
 - The Council also considered measures related to access to care, patient experience, patient safety, readmissions. Unfortunately, there were no good measures and/or measurement data available on these topics.
- Today, the Council will consider additional oral health measures in use by DSS before finalizing the list of *recommended* measures to use as Quality Benchmarks as prescribed by Executive Order No. 5.
 - All measures are run for the federal fiscal year.

Additional Oral Health Measures for Consideration

NQF # / Status	Measure Name	Steward	Measure Type	Data Source	Population	In Core Measure Set?	Opp. for Improvement
NA	Any Dental Service	CT DSS	Process	Claims	Pediatric	No	Yes, due to low absolute rate <ul style="list-style-type: none"> • CT: 63.4% • Nat'l: 50.5%
NA	Any Dental Service	CT DSS	Process	Claims	Adult	No	Yes, as CT < nat'l <ul style="list-style-type: none"> • CT: 26.8% • Nat'l: 28.1%
NA	Preventive Dental Service	CT DSS	Process	Claims	Pediatric	No	Yes, due to low absolute rate <ul style="list-style-type: none"> • CT: 59.4% • Nat'l: 49.1%
NA	Preventive Dental Service	CT DSS	Process	Claims	Adult	No	Yes, as CT < nat'l <ul style="list-style-type: none"> • CT: 15.6% • Nat'l: 16.4%

Note: All measures and performance rates are specific to Medicaid members.

Additional Oral Health Measures for Consideration (Cont'd)

NQF # / Status	Measure Name	Steward	Measure Type	Data Source	Population	In Core Measure Set?	Opp. for Improvement
NA	Dental Treatment Services	CT DSS	Process	Claims	Pediatric	No	Yes, due to low absolute rate <ul style="list-style-type: none"> • CT: 26.3% • Nat'l: 22.3%
NA	Dental Treatment Services	CT DSS	Process	Claims	Adult	No	Yes, as CT < nat'l <ul style="list-style-type: none"> • CT: 15.7% • Nat'l: 16.5%

Note: All measures and performance rates are specific to Medicaid members.

Conclude Quality Benchmark Measure Discussion

- Now, consider which of the following tentatively recommended measures you recommend to include in the Quality Benchmarks.
- As a reminder,
 - EO No. 5 states that quality benchmarks shall a) ensure the **maintenance and improvement of healthcare quality** and b) be applied across **all public and private payers** beginning in 2022.
 - OHS indicated that each benchmark will have **one statewide target** for 2025 and **interim annual targets**.
 - The Council agreed that the benchmarks will include both **health status measures** (to be applied at the state and/or market levels) and **healthcare measures** (to be applied at the state, market, insurer and/or provider levels).
 - OHS recommends that the benchmarks **align with the Council's guiding principles**.

Reminder of the Quality Council's Quality Benchmarks Guiding Principles

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**.

Scoring of Quality Benchmarks Against Guiding Principles

- Bailit Health scored the measures tentatively recommended for the Quality Benchmarks against the Council's guiding principles.
 - It also scored the new DSS oral health measures considered today.
- Each measure either met (2 points), somewhat met (1 point) or did not meet (0 points) the guiding principle.
 - Health status measures could receive a maximum score of 10.
 - Healthcare measures could receive a maximum score of 12.
- The rubric used to score measures can be found with the other meeting materials.

Scoring Results – Health Status Measures

- The following measures received the lowest score of seven.
 - **High School Students Who Seriously Considered Attempting Suicide**
 - *Rationale for score:* Data are from the YRBS, which is only administered every other year. Bailit Health considers this a major limitation.
 - **Weight Classification by Body Mass Index (BMI)**
 - *Rationale for score:* Somewhat addresses a statewide health priority and has moderate opportunity for improvement.

Scoring Results – Healthcare Measures

- The following measures received the lowest scores of four and five.
 - **Percentage of Eligibles that Received Preventive Dental Services**
 - *Rationale for score:* Does not address a statewide health priority, is not in the Core Measure Set, is receiving national attention and has moderate opportunity for improvement.
 - **Percentage of Adults who Visited the Dentist or Dental Clinic within the Past Year**
 - **Dental Equity Measure - Percentage of Adults who Visited the Dentist or Dental Clinic within the Past Year, Stratified by Race/Ethnicity**
 - *Rationale for score:* Does not address a statewide health priority, is not in the Core Measure Set and data are only available every other year because the question is not included in the annual BRFSS.

Scoring Results – DSS Oral Health Measures

- The pediatric-focused oral health measures from DSS received a score of six.
 - *Rationale for score:* Does not address a statewide health priority, is not in the Core Measure Set and has moderate room for improvement.
- The adult-focused oral health measures from DSS received a score of seven.
 - *Rationale for score:* Does not address a statewide health priority and is not in the Core Measure Set.

Review of Tentatively Recommended Measures

- The Council previously recommended for the *Adults Who Had An Appointment for Routine Health Care in the Last Six Months Who Sometimes or Never Got Appointments for Routine Care As Soon As Wanted (Medicaid)*.
 - This measure relies on the CAHPS 5.0H survey, which DSS is no longer administering. We removed this measure from consideration because it will not have a data source moving forward.
- In addition, DSS does not collect data for any SDOH measures that are applied to the entire Medicaid population. The available SDOH measures are focused on specific populations/programs.

Review of Tentatively Recommended Measures (Cont'd)

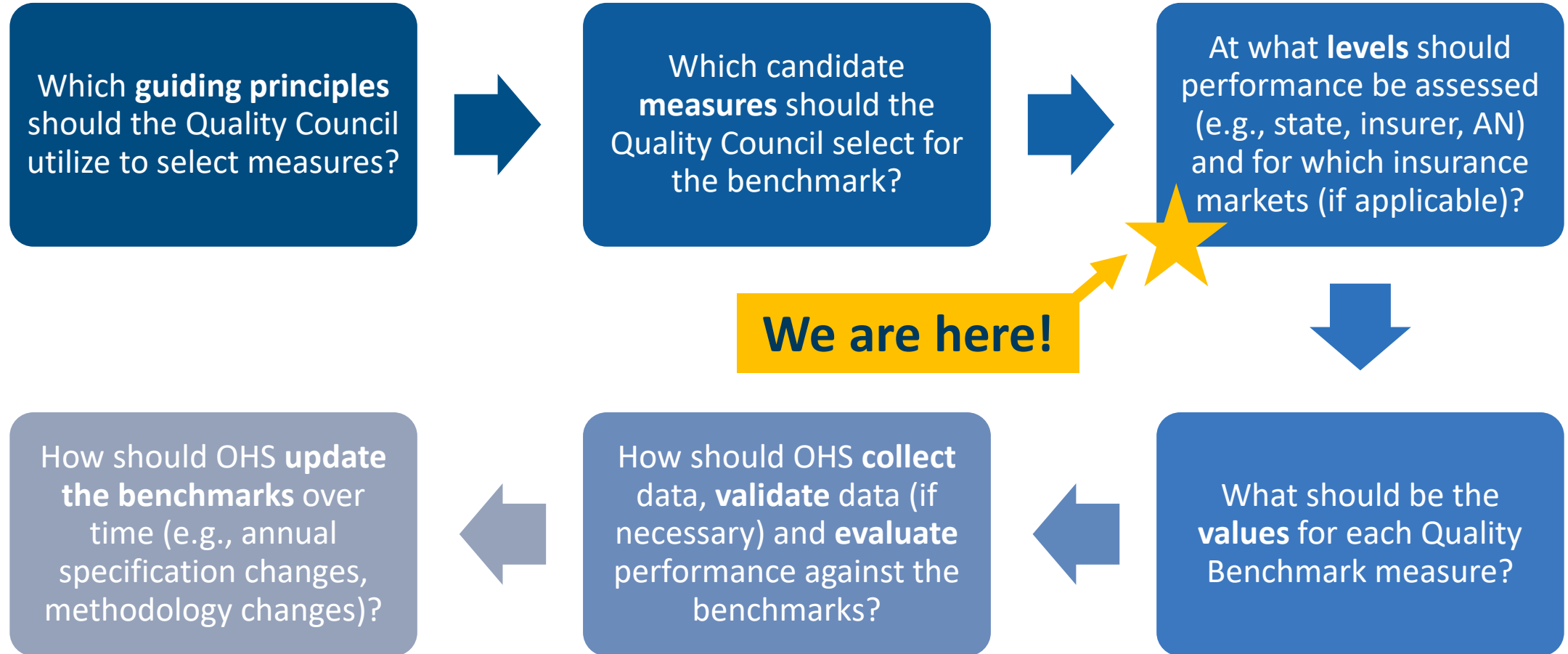
- Please consider the results of the scoring exercise and the Council's review of the additional oral health measures from DSS today. As you do so, please consider:
 - the mix of measure topics,
 - the population captured by the measure and
 - what you believe to be the right number of measures to serve as Quality Benchmarks.
- **Based on this information, does the Council wish to make any changes to the list of recommended measures for the Quality Benchmarks?**

Review of Tentatively Recommended Measures (Cont'd)

Focus Area	Measure Name	Measure Type
Behavioral Health	Substance Use Disorder in the Past Year	Health Status
Behavioral Health	Drug Overdose Deaths Involving Any Opioids per 100,000 Resident Population per Year	Health Status
Behavioral Health	High School Students Who Seriously Considered Attempting Suicide	Health Status
Behavioral Health	Follow-Up After Hospitalization for Mental Illness	Healthcare
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness	Healthcare
Obesity	Weight Classification by Body Mass Index (BMI)	Health Status
Obesity	Obesity Equity Measure – Weight Classification by BMI, Stratified by Race/Ethnicity	Health Status
Oral Health	Percentage of Eligibles that Received Preventive Dental Services	Healthcare
Oral Health	Percentage of Adults who Visited the Dentist/Dental Clinic In the Past Year	Healthcare
Oral Health	Dental Equity Measure – Percentage of Adults who Visited the Dentist or Dental Clinic within the Past Year, Stratified by Race/Ethnicity	Healthcare

Discuss Levels of Quality Benchmark Measurement

Roadmap of Quality Benchmark Questions to Consider



Levels of Measurement

- Before setting target values for each measure, the Council must consider at which levels to assess performance. This decision is dependent on at what levels of benchmark data are available.
- There are four potential levels of measurement:
 - State
 - Market (i.e., commercial, Medicaid)
 - Insurer*
 - Advanced Network*

*In other states, data for the insurer and advanced network levels of measurement come from insurance carriers that report performance for the cost growth target. In Connecticut, these carriers include Aetna, Anthem, Cigna, ConnectiCare, Harvard Pilgrim, and UnitedHealthcare. However, CT has historically collected quality measure data directly from the advanced networks for their level of measurement.

Levels of Measurement (Cont'd)

- At what level(s) of measurement does the Council wish to apply the benchmark for each measure?

Measure Name	Potential Level(s) of Measurement
Substance Use Disorder in the Past Year	Statewide
Drug Overdose Deaths Involving Any Opioids per 100,000 Resident Population per Year	Statewide
High School Students Who Seriously Considered Attempting Suicide	Statewide
Follow-Up After Hospitalization for Mental Illness (7-Day)	Statewide, Market, Insurer, Advanced Network
Follow-Up After Emergency Department Visit for Mental Illness (7-Day)	Statewide, Market, Insurer, Advanced Network

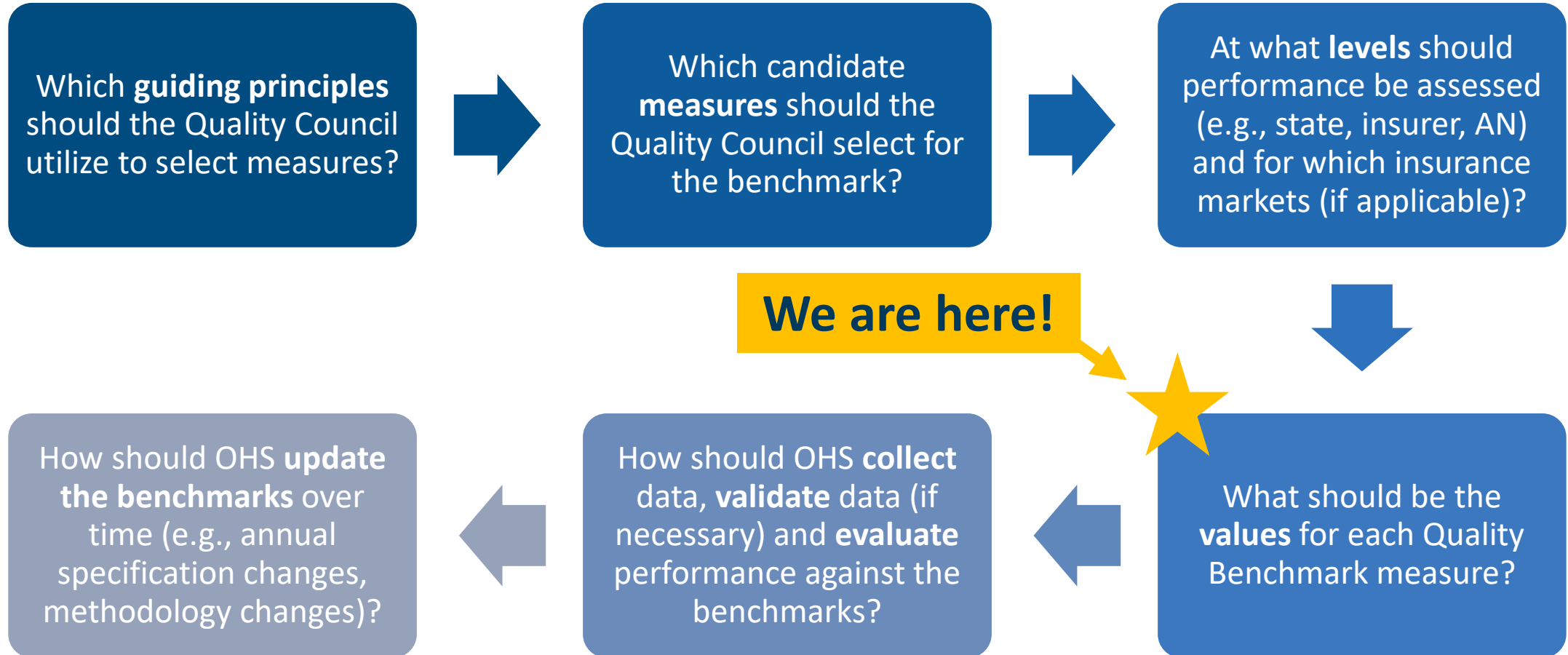
Levels of Measurement (Cont'd)

- At what level(s) of measurement does the Council wish to apply the benchmark for each measure?

Measure Name	Potential Level(s) of Measurement
Weight Classification by Body Mass Index (BMI)	Statewide
Obesity Equity Measure – Weight Classification by BMI, Stratified by Race/Ethnicity	Statewide
Percentage of Eligibles that Received Preventive Dental Services	Market (Medicaid only)
Percentage of Adults who Visited the Dentist/Dental Clinic In the Past Year	Statewide
Dental Equity Measure – Percentage of Adults who Visited the Dentist or Dental Clinic within the Past Year, Stratified by Race/Ethnicity	Statewide

Begin Discussion of Quality Benchmark Values

Roadmap of Quality Benchmark Questions to Consider





Quality Benchmark Values

- There are two types of Benchmark values the Council must select for each measure:
 - one value for 2025 and
 - three interim values for 2022, 2023 and 2024.
- On the following slides, we present current CT performance (for 2019) and some potential benchmark data the Council can use to set a 2025 value.

Quality Benchmark Values (Cont'd)

- Before we discuss benchmark values for 2025, it is important for the Council to consider the following:
 - The Quality Benchmarks will be finalized a few months before 2022. Therefore, it is unlikely that there will be notable progress towards the Benchmark values in the first year.
 - OHS and the Quality Council have yet to discuss strategies for ensuring there will be a concerted effort to attain the Quality Benchmark values. The Council will return to this topic in the fall.

Substance Use Disorder in the Past Year

Description	Steward	Measure Type	Data Source	Population
Average rate of individuals with illicit drug or alcohol dependence or abuse during the year	SAMHSA	Other	Survey	Adolescents and Adults <i>or</i> Adults

- Current CT performance

12+	6.87%
18+	6.59%

A lower rate indicates better performance

- Potential values (12+)

Nat'l 25 th	7.79%
Nat'l 50 th	7.02%
Nat'l 75 th	6.25%
Nat'l 90 th	5.79%

- Potential values (18+)

Nat'l 25 th	7.38%
Nat'l 50 th	6.68%
Nat'l 75 th	5.91%
Nat'l 90 th	5.49%

Rate is calculated by taking the average number of people reporting substance use disorder in the past year from [SAMHSA](#) and dividing by the total population from the [U.S. Census](#).

Drug Overdose Deaths Involving Any Opioids per 100,000 Residents

Description	Steward	Measure Type	Data Source	Population
Age-adjusted drug overdose deaths involving opioids per 100,000 residents	CDC Wonder	Outcome	Claims	All ages

- Current CT performance

31.7

A lower rate indicates better performance

- Potential values

Nat'l 25 th	31.50
Nat'l 50 th	23.35
Nat'l 75 th	15.10
Nat'l 90 th	7.85

High School Students Who Seriously Considered Attempting Suicide

Description	Steward	Measure Type	Data Source	Population
Percentage of survey respondents who actually attempted suicide one or more times	YRBS	Other	Survey	Adolescent

- Current CT performance

6.7

- Potential values

Nat'l Average	8.9
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A lower rate indicates better performance

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

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

- Current CT performance

56.32

A higher rate indicates better performance

- Potential values

NE 25 th	44.93
NE 50 th	49.02
NE 75 th	61.02
NE 90 th	64.68

CT performance is a weighted average of four commercial plans' performance.

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 and who had a follow-up visit for mental illness within 7 days of the ED visit	NCQA	Process	Claims	Adult and Pediatric

- Current CT performance

60.07

A higher rate indicates better performance

- Potential values

NE 25 th	51.11
NE 50 th	57.92
NE 75 th	68.97
NE 90 th	71.64

CT performance is a weighted average of four commercial plans' performance.

Weight Classification by Body Mass Index (BMI)

Description	Steward	Measure Type	Data Source	Population
Rate of adults who are obese (i.e., have a BMI greater than 30)	BRFSS	Other	Survey	Adult

- Current CT performance

29.1

A lower rate indicates better performance

- Potential values

All national percentiles are worse than CT's current performance. The Council could consider setting an improvement goal for this measure.

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	BRFSS	Other	Survey	Adult

- Current CT performance

17.20

- Potential value

Nat'l gap	9.94
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A lower rate indicates better performance

Percentage of Eligibles that Received Preventive Dental Services

Description	Steward	Measure Type	Data Source	Population
Percentage of members ages 1-20 enrolled in Medicaid/CHIP who received at least one preventive dental service	BRFSS	Other	Survey	Pediatric

- Current CT performance

61.50

A higher rate indicates better performance

- Potential values

All national percentiles are worse than CT's current performance. The Council could consider setting an improvement goal for this measure.

Percentage of Adults who Visited the Dentist or Dental Clinic within the Past Year

Description	Steward	Measure Type	Data Source	Population
Rate of adults visited the dentist or a dental clinic within the past year	BRFSS	Other	Survey	Adult

- Current CT performance

76.5

A higher rate indicates better performance

- Potential values

All national percentiles are worse than CT's current performance. The Council could consider setting an improvement goal for this measure.

Dental Equity Measure - Percentage of Adults who Visited the Dentist or Dental Clinic within the Past Year, Stratified by Race/Ethnicity

Description	Steward	Measure Type	Data Source	Population
Difference in the rate of adults who visited the dentist/dental clinic for the majoritized and minoritized race/ethnicity	BRFSS	Other	Survey	Adult

- Current CT performance

CT White , non-Hispanic and Asian , non-Hispanic gap	10.40
CT White , non-Hispanic and Black , non-Hispanic gap	9.50
CT White , non-Hispanic and Hispanic gap	10.00

- Potential target values

Nat'l White , non-Hispanic and Asian , non-Hispanic gap	0.03
Nat'l White , non-Hispanic and Black , non-Hispanic gap	8.43
Nat'l White , non-Hispanic and Hispanic gap	9.54

A lower rate indicates better performance

Interim Quality Benchmark Values

- 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? For example...

	Baseline Rate	2022	2023	2024	2025
Equal Annual Values	50%	57.5%	65%	72.5%	80%
Ramp-up Values	50%	55%	62%	71%	80%

Health Equity Measure Follow-Up

Health Equity Measure Follow-Up

- OHS update the measure name from *REL Measure* to *Health Equity Measure*.
- Bailit Health drafted specifications for the *Health Equity Measure* based on the Council's feedback in July. The draft measure specifications were included with the meeting materials.
- Please share any feedback you have on the measure specifications with Hanna Nagy (hanna.nagy@ct.gov) by Friday, **September 3rd**.

Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps



- Continue discussion of which values to set for the Quality Benchmarks
- Begin discussion on data collection and performance evaluation



- Continue discussion on data collection, performance evaluation and updating the Quality Benchmarks over time
- Discuss feedback to recommendations report and finalize Quality Benchmarks recommendations



- Discuss strategies to generate action to meet Quality Benchmarks
- Discuss Core Measure Set follow-up items (e.g., measure set gaps, uptake of the Core Measure Set, work plan for 2022)