Meeting of the Quality Council

Meeting Date	Meeting Time	Location
October 21, 2021	4:00 pm – 6:00 pm	Webinar/Zoom

Participant Name and Attendance

Quality Council					
Susannah Bernheim		Michael Jefferson		Marlene St. Juste	
Elizabeth Courtney		Nikolas Karloutsos		Daniel Tobin	
Sandra Czunas		Doug Nichols		Alison Vail	
Stephanie De Abreu		Joe Quaranta		Orlando Velazco	
Tiffany Donelson		Laura Quigley		Steve Wolfson	
Lisa Freeman		Brad Richards		Rob Zavoski	
Mario Garcia		Andy Selinger (Chair)			
Danyal Ibrahim (representing Syed Hussain)		Monique Crawford (representing Jeanette Weiss)			
Others Present					
Michael Bailit, Bailit Health		Kelly Sinko, OHS		Hanna Nagy, OHS	
Deepti Kanneganti, Bailit Health		Jeannina Thompson, OHS			
Members Absent:					
Rohit Bhalla		Karin Haberlin			
Amy Gagliardi		Paul Kidwell			

Meeting Information is located at: https://portal.ct.gov/OHS/SIM-Work-Groups/Quality-Council/Meeting-Materials

	Agenda	Responsible Person(s)
1.	**Welcome and Introductions**	**Andy Selinger**
	Andy Selinger called the meeting to order at 4:04pm.	
2.	**Public Comment**	**Andy Selinger**
	Andy Selinger welcomed public comment. Karen Siegel from Health Equity Solutions recommended the following to the Council: 1) do not include exclusive race, ethnicity, and language (REL) categories only for REL-stratified measures; 2) include reporting of missing and declined-to-report data, and 3) ask advanced networks (ANs) about their plans for adhering to new state statutory requirements for REL data collection. She also advocated for development of a Council plan for moving beyond HEDIS measures. She thanked the Council for its work to advance health equity.	
3.	**Approval of August 19, 2021 Meeting Minutes**	**Andy Selinger**
	Michael Jefferson motioned to approve minutes of the Quality Council's August 19th meeting. Elizabeth Courtney seconded the motion. No one objected to or abstained from approving the meeting minutes. The motion passed.	
4.	**Discussion of OHS' Proposed Revisions to the Quality Benchmarks**	**Kelly Sinko, OHS**
	Kelly Sinko recapped the August 19th meeting, including the Council's endorsement of ten measures to be used for Quality Benchmarks. Kelly noted that OHS was proposing revisions to the Benchmarks. Kelly explained that OHS believed that Advanced Networks (ANs) are critical for advancing improved health care quality. Nine of the previously recommended Quality Benchmark measures, however, could only be measured at the state level. For this reason, OHS recommended a set of Quality Benchmark measures that could be applied at the AN level, and that are actionable for providers to change care delivery. Kelly explained that health care measures fit this need over health status measures. She said they also match the intent of the Governor's Executive Order No. 5. Kelly reviewed six criteria considered by OHS when recommending Quality Benchmark measures. She then presented seven recommended Quality Benchmark measures, all derived from the Core Measure Set, and to be phased in over the next four years to reduce reporting burden, allow for time to improve data capture through Connie and to improve REL data capture by payers and providers. For Phase One (starting in 2022), Kelly proposed four measures: *Asthma Medication Ratio*, *Child & Adolescent Well-Care Visits*, *Controlling High Blood Pressure* and *HbA1c Control for Patients with Diabetes*. For Phase Two (starting in 2024), she proposed *Follow-up After ED Visit for Mental Illness*, *Follow-up After Hospitalization for Mental Illness*, and the *Obesity Equity Measure* (state-level measurement only). Kelly explained that OHS would ask payers to report all measures at the plan and AN levels. Kelly summarized by thanking the Council for its openness in considering the proposal and invited comments and questions. • Tiffany Donelson noted that insurers have big gaps in REL data capture. Michael Bailit acknowledged this and shared that this was why OHS had proposed not using payer REL data at the outset. • Dan Tobin asked about the Council's prior selection of *Follow-up After Hospitalization for Mental Illness* because CT's Medicaid rate was better than the national median. Kelly explained that the measure was one selected by the Quality Council because mental health is a state priority. Deepti added that commercial market performance was between the 50th and 75th national percentiles, indicating an opportunity for improvement.	

- Lisa Freeman asked how OHS will make sure that insurer REL data collection will improve. Michael explained that a combination of new state statute and new NCQA requirements of health plans regarding REL data capture should lead to improved data capture in the future.
- Danyal Ibrahim said that Kelly's explanation for the revised Quality Benchmarks made sense. He asked why OHS was focusing on measures that could be applied to ANs. Kelly said that the intent of the Governor's Executive Order was improve performance, including at the provider entity level.
- Rob Zavoski expressed concern about adopting the *Child and Adolescent Well-Care Visit* and the *Asthma Medication Ratio* measures, noting that the latter was flawed. He suggested revisiting the measures.
- Elizabeth Courtney supported Rob's point about *Asthma Medication Ratio*.
- Deepti Kanneganti recalled that the Council included the asthma measure in the Core Measure set despite Council member concerns because it was the best available asthma-focused measure. Michael noted that perhaps Rob and Elizabeth were arguing that the decision for inclusion in the Core Measure Set did not mean that the measure was a good selection for the Quality Benchmarks.
- Susannah Bernheim recommended adoption of outcome measures for the second phase of Quality Benchmarks.
- Kelly thanked the Council for a thoughtful suggestion.

Next Steps: OHS will re-consider inclusion of *Child and Adolescent Well-Care Visit* and the *Asthma Medication Ratio* for the Quality Benchmarks.

5. Resume Discussion of Quality Benchmark Values — **Deepti Kanneganti, Bailit Health**

Deepti Kanneganti asked the Council to think about values for the Quality Benchmarks. She said that for this particular meeting the Council would consider commercial population benchmarks. She added that discussion of Medicaid population benchmarks would take place in November after OHS consults with DSS. Medicare population benchmarks, she explained, would not be considered due to small population size and significant delays in data access.

- Danyal Ibrahim responded that the Medicare population was an important patient population, even if it is smaller in size. Lisa Freeman agreed with Danyal and advocated for inclusion. Lisa added that Medicare beneficiaries often possess multiple chronic conditions.
- Monique Crawford and Michael Jefferson said they would consult with their colleagues and provide feedback to OHS on whether United and Anthem respectively can report performance for their Medicare member populations.
- **Next Steps**: Monique Crawford and Michael Jefferson will let OHS know if it is possible for their organizations to report quality performance for their Medicare member populations.
- **Next Steps**: OHS will re-consider assessing performance and setting Benchmark values for the Medicare population.

Deepti reviewed the seven proposed measures one by one:

- ***Asthma Medication Ratio***: Rob Zavoski said that rates rose during 2020 for this measure because kids were not in school. Deepti acknowledged the phenomenon and explained that OHS presented 2019 data to the Council instead of 2020 data to inform 2025 Benchmark value selection for this reason.
  - Andy Selinger asked OHS to consider performance separately for the child and adult populations.
  - **Next Steps**: OHS committed to sharing performance for the child and adult populations separately for the next meeting.
- ***Child and Adolescent Well-Care Visits***: Deepti explained that this was a reconfigured measure without baseline data. She recommended collecting and reporting data and then setting a Benchmark value in winter 2023/spring 2024. Brad Richards endorsed the recommendation.
  - **Next Steps**: OHS will revisit setting a Benchmark value for *Child and Adolescent Well-Care Visits* in winter 2023/spring 2024.
- ***Controlling High Blood Pressure***: Deepti explained that CT performance looked good compared to the nation, but poor (i.e., < 50th percentile) compared to the other New England states with a 2019 rate of 61%.
  - Lisa Freeman recommended selecting a number that was a realistic challenge. She proposed between 63% and 65%.
  - Dan Tobin asked how data are obtained for the measure. Deepti explained that clinical data are used for the blood pressure value.
  - Andy recommended a benchmark value of no less than 65%. Michael Jefferson agreed. There was no disagreement voiced by the group.
  - **Recommendation**: Set a 2025 Benchmark value for *Controlling High Blood Pressure* at 65%.
- ***Hemoglobin A1c Control for Patients with Diabetes: HbA1c >9%***: Deepti explained that 2019 performance was between the 50th and 75th national percentiles.
  - Lisa Freeman questioned whether OHS should use the "good control" version of the measure instead, indicating that she didn't like to focus on "the bad." Monique Crawford said that UnitedHealthcare uses the good control measure.

	○ Rob Zavoski noted that those without a screen are considered to be above 9, per the measure's specifications. ○ Elizabeth Courtney said that COVID has triggered diabetes, and asked if this would impact performance. Deepti said she thought that was unlikely. ○ Andy Selinger and Joe Quaranta advocated for retaining the measure because a) there is no standard agreement on good control, and b) poor control is the standard measure. Andy recommended setting a benchmark value of 25%, and Joe supported 25%, or even 21% (the 90th percentile). ○ Lisa recommended being closer to 21%. Brad Richards supported the 90th percentile value of 21%. ○ Deepti summarized the group as feeling that the value should be between 25% and 21%. Marlene St. Juste suggested a value between the two. Michael Bailit recommended "splitting the difference", and selecting 23%, as it sat between the 75th and 90th percentile values. Council members voiced support for the proposal. ○ **Recommendation**: Set a 2025 Benchmark value for *Hemoglobin A1c Control for Patients with Diabetes: HbA1c >9%* at 23%. • ***Follow-up After ED Visit for Mental Illness (7-Day)***: Marlene St. Juste suggested the 75th percentile value (71%). Mario Garcia asked what prevented follow-up from occurring. Deepti Kanneganti listed a range of factors. Steve Wolfson, Brad Richards and Lisa Freeman supported Marlene's proposal. ○ **Recommendation**: Set a 2025 Benchmark value for *Follow-up After ED Visit for Mental Illness (7-Day)* at 71%.	
6.	**Begin Discussion on Data Collection and Performance Evaluation**	**Deepti Kanneganti, Bailit Health**
	Not discussed due to lack of time.	
7.	**Health Equity Measure Follow-Up**	**Deepti Kanneganti, Bailit Health**
	Deepti Kanneganti reminded Council members of the nature of this measure, and shared comments on the measure received from three Council members. Deepti then reviewed options for implementing the measure. Council members did not offer any comment.	
8.	**Presentation on Executive Order No. 6**	**Brad Richards, DSS**
	Brad Richards provided a high-level overview of Executive Order No. 6 (signed in January 2020) and DSS' work in response to it. The Executive Order work began in January 2021. Over six meetings a work group convened by DSS developed a report with recommendations for the construction of a dashboard to tell the story of HUSKY Health and to drive continuous improvement activity through transparency. He then reviewed three recommendations in the executive summary of the report, calling for a public-facing dashboard developed with an equity lens. Brad shared that DSS already publishes a lot of data, but they are not easily accessible in one place. He provided examples of such reporting. Brad reviewed the goals of Executive Order No. 6. In high-level summary, they are a core set of measures, identification of means for measuring impact, benchmarking performance, and accessible visualization of data. He then reviewed a plan for the five phases of work. Brad closed by discussing the relationship between Executive Orders No. 5 and 6, providing a crosswalk comparison of the DSS PCMH+ Measure Set and the OHS Core Measure Set, noting the high level of alignment and reviewing the points of divergence. Nikolas Karloutsos said that he represented the rare disease population as a parent and expressed frustration at the lack of data to help break down silos for children like his daughter. Brad thanked Nikolas for his input. Michael Jefferson acknowledged the effort that went into developing DSS' transparency strategy and expressed his interest in seeing the final work products. Brad thanked Michael and the advisors to DSS on the work.	
9.	**Adjourn**	**Andy Selinger**
	Deepti Kanneganti noted the feedback voiced during the meeting, which staff will review prior to the next meeting and then report back. She then previewed the agenda for the November meeting. Nikolas Karloutsos made a motion to adjourn the meeting. Steve Wolfson seconded the motion. There were no objections. The meeting adjourned at 5:54pm.	