



# Meeting of the Quality Council

Meeting Date	Meeting Time	Location
December 16, 2021	4:00 pm – 6:00 pm	Webinar/Zoom

## Participant Name and Attendance

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

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

Agenda	Responsible Person(s)
<b>1. Welcome and Introductions</b>	<b>Andy Selinger</b>
Andy Selinger called the meeting to order at 4:02pm.	
<b>2. Public Comment</b>	<b>Andy Selinger</b>
Andy Selinger welcomed public comment. None was offered.	
<b>3. Approval of November 18, 2021 Meeting Minutes</b>	<b>Andy Selinger</b>
Sandra Czunus identified a typo in the meeting minutes and offered a correction to the minutes. Steve Wolfson motioned to approve the amended meeting minutes. Michael Jefferson seconded the motion. No one objected to or abstained from approving the amended meeting minutes. The motion passed.	
<b>4. Vote on 2022 Meeting Schedule</b>	<b>Andy Selinger</b>
Steve Wolfson motioned to accept the Quality Council's 2022 meeting schedule. Sandra Czunus seconded the motion. No one objected to or abstained from approving the 2022 meeting schedule. The motion passed.	
<b>5. Follow-up from the November 18, 2021 Meeting</b>	<b>Deepti Kanneganti</b>
Deepti Kanneganti shared that OHS is retaining <i>Asthma Medication Ratio</i> as a Phase 1 Quality Benchmark measure, per the Council's feedback at the November 18, 2021 meeting. The Quality Council discussed setting differential Benchmark values for the adult and pediatric populations for <i>Asthma Medication Ratio</i> for the commercial and Medicaid markets.	
<ul style="list-style-type: none"> <li>[Commercial] Asthma Medication Ratio (Ages 5-18) <ul style="list-style-type: none"> <li>Joe Quaranta confirmed the Council did not previously consider Benchmark values for this measure and that Connecticut and national performance displayed were specific to the pediatric population.</li> <li>Andy Selinger highlighted that prescribing practices for rescue and controller medications are likely consistent nationally. He recommended selecting a Benchmark value of 88 percent, which is the national 75<sup>th</sup> percentile, as it could motivate meaningful improvement from current performance. Marlene St. Juste, Lisa Freeman and Orlando Velazco agreed with Andy.</li> <li>Rohit Bhalla asked why Connecticut's performance on this measure is so low, given that for other measures its performance was closer to the national 50<sup>th</sup> percentile. <ul style="list-style-type: none"> <li>Andy Selinger noted that this is a claims-based measure, which indicates that clinical data collection is not an explanation for low performance.</li> <li>Steve Wolfson indicated that while Connecticut's performance is low, the percentage point difference in performance between each of the national percentiles is not very large.</li> <li>Brad Richardson agreed with Andy and Steve.</li> <li>Steve Wolfson wondered whether differential pricing or medication availability by neighborhood could have an impact on performance. Deepti shared that she did not think that would influence performance because the measure is based on prescriptions written, not prescriptions filled.</li> </ul> </li> <li>Rohit Bhalla added that if current performance is below the national 25<sup>th</sup> percentile, a Benchmark value of the 75<sup>th</sup> percentile may be too high of a goal.</li> <li>Deepti shared, in response to a question from Danyal Ibrahim, that Connecticut's 2020 performance was around 82 percent.</li> </ul> </li> </ul>	

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- Deepti summarized that the Council appeared to support a Benchmark value between 84 percent, the national 50<sup>th</sup> percentile, and 88 percent, the national 75<sup>th</sup> percentile. She proposed a Benchmark value of 86 percent.
  - Andy Selinger, Brad Richards, Danyal Ibrahim, Steve Wolfson supported the proposal.
  - **Recommendation:** Set the 2025 Benchmark value at 86 percent, which is between the national 50<sup>th</sup> and 75<sup>th</sup> percentiles.
- [Commercial] Asthma Medication Ratio (Ages 19-64)
  - Deepti noted that current Connecticut performance is 78 percent. If the Council takes the same approach for the adult measure and adopts a Benchmark value that is seven percentage points higher than baseline performance, then the Benchmark value would be 85 percent, which is the national 90<sup>th</sup> percentile.
  - Deepti shared, in response to a question from Andy Selinger, that Connecticut's 2020 performance was around 83 percent. Andy noted that this suggest that that the 85 percent is a reasonable Benchmark value for 2025.
  - Steven Wolfson, Danyal Ibrahim, Orlando Velazco, Brad Richards, Lisa Freeman and Marlene St. Juste agreed with Andy.
  - **Recommendation:** Set the 2025 Benchmark value at 85 percent, which is at the national 90<sup>th</sup> percentile.
- [Medicaid] Asthma Medication Ratio (Ages 5-18)
  - Deepti noted that current performance is 66 percent. If the Quality Council follows the same approach as for the commercial market, the Benchmark value for this measure would be 73 percent, which is between the national 50<sup>th</sup> and 75<sup>th</sup> percentiles.
  - Brad Richards and Orlando Velazco supported adopting the same approach. Orlando added that a seven percentage point improvement is analogous to a 10 percent improvement over baseline performance, which seems reasonable.
  - Deepti indicated, in response to a question from Danyal Ibrahim, that DSS/OHS does not have 2020 performance for this measure for the Medicaid market yet.
  - Deepti summarized that the Council appeared to support a Benchmark value of 73 percent.
  - Steven Wolfson, Danyal Ibrahim and Lisa Freeman agreed with Deepti.
  - **Recommendation:** Set the 2025 Benchmark value at 73 percent, which is between the national 50<sup>th</sup> and 75<sup>th</sup> percentiles.
- [Medicaid] Asthma Medication Ratio (Ages 19-64)
  - Deepti noted that current performance is 63 percent. If the Quality Council follows the same approach as for the commercial market, the Benchmark value for this measure would be 70 percent, which is between the New England 75<sup>th</sup> and 90<sup>th</sup> percentiles.
  - Steven Wolfson noted that performance on this measure has steadily declined since 2017. He advocated for better understanding this trend before setting a Benchmark value.
  - Brad Richards indicated that he did not know why performance was declining. He recommended using a consistent approach for setting Benchmark values for this measure, despite the negative trend.
  - Lisa Freeman shared that she did some quick research on why performance may have been declining. She said it could be attributed to increased adherence expectations.
  - Steve Wolfson, Marlene St. Juste, Danyal Ibrahim, Michael Jefferson and Lisa Freeman supported a Benchmark value of 70 percent.
  - **Recommendation:** Set the 2025 Benchmark value at 70 percent, which is between the New England 75<sup>th</sup> and 90<sup>th</sup> percentiles.

Deepti summarized that at the last meeting, Dan Tobin recommended consideration of a drug overdose measure. She noted that OHS agrees that drug overdose is an important health policy, but will not include a Quality Benchmark measure focused on drug overdose because there are no related measures that can be applied at the AN level, are in the Core Measure Set, and for which baseline data are available. She indicated that the Council could consider drug overdose measures during the 2022 annual review of the Core Measure Set.

- Dan Tobin appreciated OHS' consideration and expressed interest in revisiting drug overdose measures in 2022.
- Danyal Ibrahim confirmed with Dan that he was referring to opioid overdose measures specifically, with an emphasis on fentanyl overdoses.
- **Next Steps:** The Council will consider opioid overdose measures during the 2022 annual review of the Core Measure Set.

Deepti shared the Council's final recommendations for the Quality Benchmarks for the commercial and Medicaid markets as well as for the *Obesity Equity Measure*. She shared that OHS is drafting a report that summarizes the Council's recommendations, which will be available for review in January 2022. She invited comment from the Council.

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	<ul style="list-style-type: none"> <li>• Andy Selinger confirmed with Deepti that the <i>Obesity Equity Measure</i> is a homegrown measure and that the 2025 Benchmark value for the measure is based on national performance.</li> <li>• Susannah Bernheim asked how to interpret the rates for the <i>Obesity Equity Measure</i>. Deepti indicated that the measures assess the gap in statewide obesity rates for the White, non-Hispanic population and Black, non-Hispanic population. A baseline rate of 17 percent indicates that the gap in the statewide obesity rates for the two population is 17 percentage points.</li> <li>• Danyal Ibrahim confirmed with Deepti that a higher rate indicates worse performance for this measure.</li> <li>• Rob Zavoski confirmed with Deepti that the CDC collects information on the statewide obesity rate through the Behavioral Risk Factor Surveillance System Survey on an annual basis.</li> <li>• Susannah Bernheim asked how OHS will ensure that the absolute obesity rates do not increase, noting that the gap in obesity rates between the two race/ethnicity groups can decline while the overall obesity rates increase. Deepti shared that OHS will provide contextual information when reporting performance on the <i>Obesity Equity Measure</i> to monitor overall obesity rates in addition to disparities in performance by the two race/ethnicity groups.</li> <li>• Danyal Ibrahim recommended using a ratio to assess the disparity in performance between the two race/ethnicity groups, as it would be easier to understand compared to an absolute difference in rates between two groups. Susannah Bernheim supported Danyal's proposal.</li> <li>• <b>Next Steps:</b> OHS will provide contextual information when publishing performance on the <i>Obesity Equity Measure</i> to capture absolute obesity rates in addition to data on disparities in performance between the White, non-Hispanic population and Black, non-Hispanic population.</li> <li>• <b>Next Steps:</b> OHS will consider revising the <i>Obesity Equity Measure</i> to assess a ratio instead of an absolute difference in performance between the White, non-Hispanic population and Black, non-Hispanic population.</li> </ul>
6.	<p><b>Discuss Medicare Advantage Quality Benchmarks</b> <span style="float: right;"><b>Deepti Kanneganti</b></span></p> <p>Deepti Kanneganti reminded the Council that it is recommending Benchmark values for the Medicare Advantage population for two measures. She shared that for each measure, NCQA could only provide Connecticut and national performance for 2018.</p> <ul style="list-style-type: none"> <li>• Controlling High Blood Pressure <ul style="list-style-type: none"> <li>○ Deepti shared, in response to a question from Joe Quaranta, that this measure relies on a hybrid data collection methodology. OHS is requesting that insurers submit data using a hybrid approach so that there is consistency in the methodology used to inform the Benchmark values and assess performance.</li> <li>○ Danyal Ibrahim noted that there was a six percentage point difference between the national 50<sup>th</sup> and 75<sup>th</sup> percentiles. He proposed a Benchmark value that was halfway between the two percentiles, which is 77 percent.</li> <li>○ Deepti shared that the Council recommended a seven percentage point improvement for this measure for the commercial and Medicaid markets. If the Council recommends using the same approach for the Medicare Advantage market, the 2025 Benchmark value would be 80 percent, which is the national 75<sup>th</sup> percentile.</li> <li>○ Brad Richards and Lisa Freeman agreed with using a consistent approach for setting Benchmark values across markets and supported a Benchmark value of 80 percent.</li> <li>○ Andy Selinger confirmed with Deepti that there would be interim annual targets for 2023 and 2024 for this measure.</li> <li>○ <b>Recommendation:</b> Set the 2025 Benchmark value at 80 percent, which is at the national 75<sup>th</sup> percentile.</li> </ul> </li> <li>• Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (&gt;9.0%) <ul style="list-style-type: none"> <li>○ Deepti shared that for this measure, a lower rate indicates better performance. She noted that current performance is 20 percent. If the Quality Council follows the same approach as for the commercial and Medicaid markets, the Benchmark value for this measure would be four percentage points better than baseline performance. Therefore, the Benchmark value would be 16 percent, which is just below the national 75<sup>th</sup> percentile.</li> <li>○ Joe Quaranta confirmed with Deepti that the data collection methodology used to set the Benchmark value for this measure would align with the methodology used to assess performance in future years.</li> <li>○ Andy Selinger proposed a Benchmark value of 15 percent, which is the national 75<sup>th</sup> percentile.</li> <li>○ Steven Wolfson and Joseph Quaranta agreed with Andy.</li> <li>○ <b>Recommendation:</b> Set the 2025 Benchmark value at 15 percent, which is at the national 75<sup>th</sup> percentile.</li> </ul> </li> </ul> <p>Deepti shared that the Council completed its process to recommend Quality Benchmarks and Benchmark values. She reminded the Council that OHS is drafting a report that summarizes the Council's charge, process and recommendations for the Council to review in January 2022. She encouraged the Council to review the report and provide any feedback to OHS. Rohit Bhalla requested that the draft report include information on baseline performance, the 2025 Benchmark value, and the</p>

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	<p>gap between the two values for each measure and each market. He noted that this summary information can help the Council evaluate whether it has been consistent in its Benchmark-setting approach across measures and markets.</p> <ul style="list-style-type: none"> <li>• <b>Next Steps:</b> OHS will provide summary information in the draft Recommendations Report to help the Council evaluate whether it has been consistent in its Benchmark-setting approach across measures and markets.</li> </ul>
<b>7.</b>	<p><b>2021 Reflections</b></p> <p><b>Deepti Kanneganti</b></p> <p>Deepti Kanneganti thanked the Council for its engaged participation and thoughtful feedback over the last year as it reviewed the Core Measure Set and developed recommendations for the Quality Benchmarks. She asked the Council to reflect on the past year of work and encouraged the Council to share any feedback or lessons learned to inform its work in 2022.</p> <ul style="list-style-type: none"> <li>• Susannah Bernheim thanked OHS and Bailit Health for sharing detailed information to help the Council make recommendations. She said she would like to consider more out-of-the-box, homegrown measures in 2022.</li> <li>• Marlene St. Juste agreed with Susannah and added that homegrown measures are important, especially for topics that are not receiving a lot of attention. She highlighted measures related to maternal and child health, which is of personal importance.</li> <li>• Lisa Freeman agreed with Susannah and Marlene. She thanked the Council for its patience and support as she learned more about quality measures in the last year and for incorporating patient perspectives into its work. Lisa reiterated her desire to have more flexibility in the types of measures the Council will consider in 2022.</li> <li>• Rohit Bhalla expressed his appreciation for the supplemental information OHS and Bailit Health provided over the last year to aid Quality Council conversation. He shared that it would be helpful for Bailit Health to bring in more information on regional and national conversations about measure topics (e.g., why states have selected certain measures, how performance has improved, etc.).</li> <li>• Elizabeth Courtney acknowledged that meetings had to be virtual in 2021 due to COVID-19, but shared that she felt conversations could be stronger if they were in person. She recommended having at least one in-person meeting in 2022, or perhaps quarterly in-person meetings.</li> <li>• Dan Tobin expressed his interest in having expanded chat functions during Zoom meetings to help enhance group discussion. Kelly Sinko noted that Quality Council meetings are public meetings, which means that any comment made in the chat would need to be read aloud to adhere to public record law. This is because comments in the chat are not captured in Zoom recordings, which are posted online following each meeting. Dan added that for some other public meetings he attends, the entire chat is copied into the meeting minutes so that it becomes public record. He indicated this could be a reasonable alternative for OHS to consider. Danyal Ibrahim noted that other video conferencing platforms may allow users to capture comments from the chat in the recording.</li> <li>• Andy Selinger confirmed with Deepti that the Council will consider strategies to generate action to improve performance on the Quality Benchmarks in 2022.</li> <li>• Danyal Ibrahim expressed his interest in discussing strategies to improve performance. He asked if that conversation would include discussion of aligning strategies and incentives between providers and payers. Deepti indicated that OHS hopes the Core Measure Set will facilitate greater alignment in quality measures in use in contracts between payers and providers. She said the Council will likely discuss how to increase fidelity to the Core Measure Set in 2022.</li> <li>• Rob Zavoski agreed with Marlene's comment earlier in the meeting to include more pediatric measures. He noted that a lot of pediatric health indicators may appear in educational settings, such as through days missed from school. He recommended collaborating with the Department of Education on a quality measures, which is aspirational but important. Rob added that he would be leaving the Council in 2022 as he is moving out of Connecticut.</li> <li>• Nikolas Karloutsos supported Rob's suggestion to include more pediatric measures, especially as a parent of a daughter with rare disease. He noted the importance of pediatric-focused measures during the pandemic, as children have not been able to access all the services they normally receive through the health care and education systems.</li> <li>• Joe Quaranta spoke in favor of exploring opportunities to access Medicare fee-for-service data. He highlighted that stakeholders raise access to data concerns frequently, but noted that other entities appear to be able to access data in a timelier fashion.</li> <li>• <b>Next Steps:</b> OHS will consider the Quality Council's feedback in advance of the 2022 meeting series.</li> </ul>
<b>8.</b>	<p><b>Adjourn</b></p> <p><b>Andy Selinger</b></p> <p>Deepti Kanneganti shared that in 2022, the Council will wrap up any outstanding issues related to the Quality Benchmarks, discuss strategies to generate action to improve performance on the Quality Benchmarks and then will conduct the 2022 annual review of the Core Measure Set.</p> <p>Steve Wolfson made a motion to adjourn the meeting. Sandra Czunas seconded the motion. There were no objections. The meeting adjourned at 5:13pm.</p>