

Quality Council

January 20, 2022

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 December 16, 2021 Meeting Minutes
4:20 p.m.	Review Quality Council Bylaws
4:30 p.m.	Review 2022 Roadmap
4:40 p.m.	Discuss Quality Benchmark Outstanding Items and Draft Report
4:55 p.m.	Break
5:00 p.m.	Discuss Strategies to Improve Quality Benchmarks
5:30 p.m.	Revisit the Core Measure Set
5:55 p.m.	Wrap-up & Next Steps
6:00 p.m.	Adjourn

Public Comment

Approval of December 16, 2021 Meeting Minutes

Review Quality Council Bylaws

Quality Council Bylaws

- **Membership:**

- The Quality Council relies on the active participation of its members.

- **Attendance:**

- In order to be considered an active member of the Quality Council, members may not miss more than 3 meetings during the calendar year.
- OHS will contact members who have missed three meetings and inform them of their member status.
- If you are unable to attend the meeting, please contact the QC chair and OHS and inform them of your expected absence.

Review 2022 Roadmap

Quality Council Responsibilities

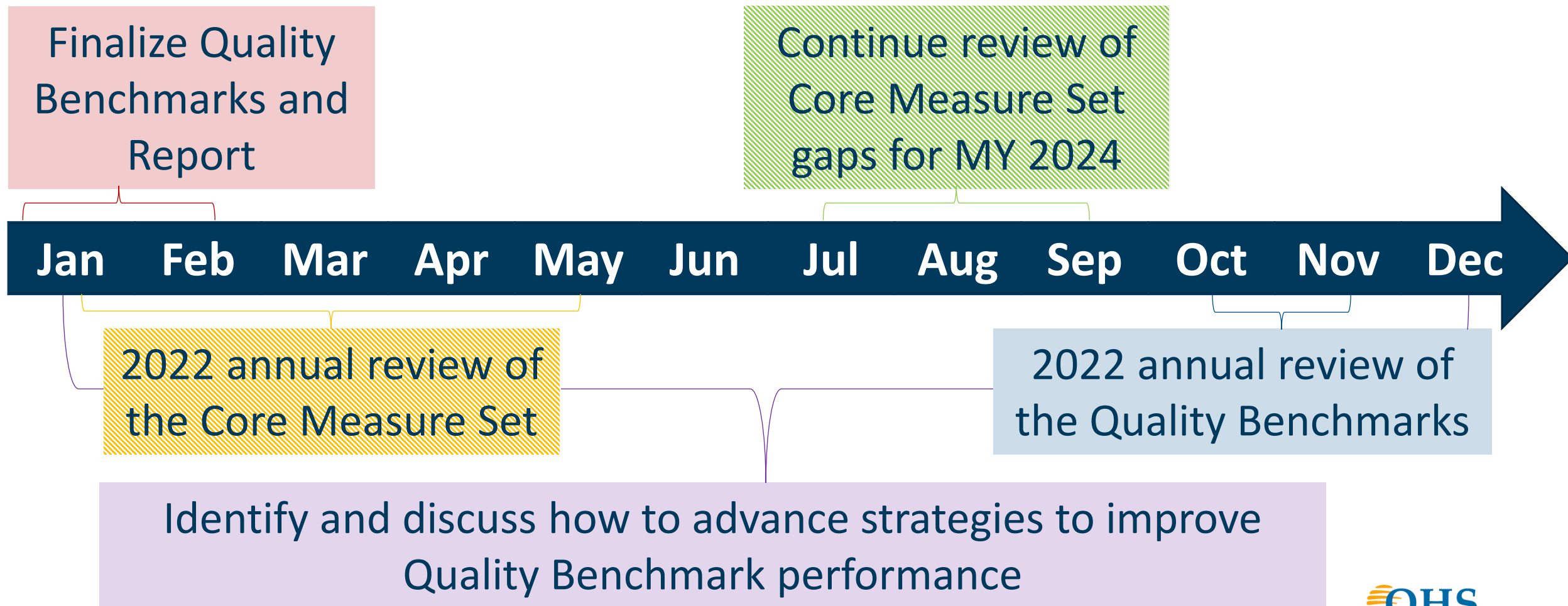
Core Measure Set

- A *menu* of measures from which OHS requests insurers select measures for use in **value-based contracts with Advanced Networks**
- For 2022, it consists of 26 measures across six domains: acute and chronic care, behavioral health, care coordination, consumer engagement, health equity and prevention

Quality Benchmarks

- **Annual measures and target values** that all public and private **payers, providers and the State** must work to achieve to improve health care quality in Connecticut
- Consists of three measures for 2022-2025 and seven measures for 2024-2025

2022 Roadmap of Activities



Discuss Quality Benchmark Outstanding Items and Draft Report

Discuss Quality Benchmark Outstanding Items

- OHS is revisiting the following Quality Benchmark items during today's meeting:
 1. The definition of and 2025 values for the *Obesity Equity Measure*
 2. The 2025 values for *Follow-up After ED Visit for Mental Illness* and *Follow-up After Hospitalization for Mental Illness*

1. *Obesity Equity Measure*

- The Obesity Equity Measure is a “Phase Two” Quality Benchmark measure.
 - It is a homegrown measure that assesses the **absolute difference in the statewide obesity rate for the White, non-Hispanic population and Black, non-Hispanic population**.
- During the last Council meeting, Danyal Ibrahim and Susannah Bernheim recommended using a *ratio* of obesity rates, noting that that it would be easier to understand compared to an *absolute difference*.

1. Obesity Equity Measure (Cont'd)

- OHS supports this modification, and solicits the Quality Council's feedback on a revised 2025 Benchmark for the revised measure:
 - A **ratio** of statewide **obesity rate** for the **Black, non-Hispanic** population and **White, non-Hispanic** population.

Year	CT ratio
2019	1.65
2018	1.39
2017	1.40
2016	1.62
2015	1.55

Year	National ratio
2019	1.33

A lower number indicates better performance.

The Quality Council previously recommended adopting national performance as the 2025 value.

2. *Follow-up After ED Visit / Hospitalization for Mental Illness* Benchmark Values

- OHS had two observations when reviewing the Benchmark values for the two *Follow-up* measures:
 - 1. The Benchmark values are not consistent across markets.**
 - The Quality Council has strived to ensure that the recommended Benchmark values for each market are equally ambitious, i.e., the *difference in the baseline rate and the 2025 Benchmark value for each measure should be similar across markets.*
 - 2. The gap between baseline performance and the 2025 Benchmark values is high relative to other measures.**
 - The gap between baseline performance and the 2025 Benchmark value ranges from four to seven percentage points for other measures. It is significantly higher for the ED-focused measure.

2. Follow-up After ED Visit / Hospitalization for Mental Illness Benchmark Values (Cont'd)

Market	2022 Value / Baseline Rate	2025 Value and Source	2022 – 2025 Improvement
Follow-up After ED Visit for Mental Illness			
Commercial	60%	71% NE commercial 75 th	11 percentage points
Medicaid	50%	65% Nat'l Medicaid 90 th	15 percentage points
Follow-up After Hospitalization for Mental Illness			
Commercial	56%	65% NE commercial 90 th	9 percentage points
Medicaid	48%	55% NE Medicaid 90 th	7 percentage points

**Does the
Council
recommend
making any
modifications
to the 2025
Benchmark
values?**

Nat'l: National
NE: New England

Quality Benchmarks Recommendations Report

- Bailit Health and OHS have drafted a report summarizing the Quality Council's process to develop and recommendations for:
 - Quality Benchmark measures and values;
 - Quality Benchmark data collection process and performance measurement methodologies, and
 - processes for annually reviewing and updating the Quality Benchmarks.
- OHS distributed the draft report with the January meeting materials. **Please review and provide any feedback you have on the report to Hanna Nagy (hanna.nagy@ct.gov) by Friday, January 28th.**

Discuss Strategies to Improve Quality Benchmarks

Discuss Strategies to Improve Quality Benchmarks

- Having completed the Benchmark measure and value discussion, the Quality Council will now consider **what strategies to implement to generate action to improve performance on the Quality Benchmarks.**
- These strategies can:
 - vary by market (e.g., commercial, Medicaid),
 - be implemented at various levels (e.g., clinical interventions adopted by providers, statewide public reporting, etc.) and
 - vary by measure (e.g., *Controlling High Blood Pressure, Obesity Equity Measure*).

Discuss Strategies to Improve Quality Benchmarks (Cont'd)

- What ideas does the Council have regarding strategies to improve performance:
 - for an individual Quality Benchmark measure, and/or
 - across some/all Quality Benchmarks?

Let's focus on Phase 1 measures for now.

Phase 1 Measures (Beginning for 2022)

- Asthma Medication Ratio
- Controlling High Blood Pressure
- Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control

Revisit the Core Measure Set

Revisit the Core Measure Set

- As a reminder, the Core Measure Set is a menu of measures from which OHS requests insurers select measures for use in value-based contracts with Advanced Networks.
- The Quality Council reviewed and updated the Core Measure Set for measurement year (MY) 2022. It will conduct another annual review from January to May 2022 for MY 2023. This includes:
 - assessing and filling any gaps in the Core Measure Set,
 - reviewing changes to measure specifications,
 - reviewing opportunities for improvement and
 - following up on any items from the 2021 annual review.

Gap Analysis

- Our first task in this year's annual review is to consider whether there are any gaps in the measure set. We will evaluate measures to fill identified gaps in future meetings.
- A **gap analysis** helps identify whether the Core Measure Set is **representative** and **balanced** as it relates to the following variables:
 1. Population (e.g., adult, pediatric)
 2. Data source (i.e., claims, clinical data, claims/clinical data, survey data)
 3. Domain (e.g., acute and chronic care, care coordination)
 4. Condition (e.g., diabetes, respiratory)

Gap Analysis (Cont'd)

- As a reminder, the Quality Council and Bailit Health previously identified the following gaps in the Core Measure Set:
 - Access
 - Care coordination
 - Hospital/inpatient care (inclusive of maternity care)
 - Low-back pain treatment
 - Obesity
 - Opioid overdose deaths
 - Oral health
 - Outcome measures (in general)
 - Overuse
 - Primary care-focused and readmission-focused measures
 - Patient-reported outcomes
 - Patient safety
 - REL data completeness
 - SDOH screening*
 - Tobacco use

REL: race, ethnicity and language
SDOH: social determinants of health

*The Council agreed to revisit this measure in 2022 as NCQA is currently developing a measure on this topic.

Gap Analysis (Cont'd)

- As you review the following slides, consider the following questions?

1. Is there the right balance of measures by age?

(note: the categories below are not mutually exclusive)

All Ages	Adult	Adolescent	Pediatric	Total
1 measure (4%)	18 measures (69%)	6 measure (23%)	9 measure (35%)	26 measures (100%)

2. Is there the right balance of measures by data source?

Claims Only	Clinical Data Only	Claims / Clinical Data	Survey	Total
13 measures (50%)	0 measures (0%)	12 measures (46%)	1 measure (4%)	26 measures (100%)

Gap Analysis (Cont'd)

3. Is there the right balance of measures by domain?

Acute and Chronic Care	Behavioral Health	Care Coordination	Consumer Engagement	Health Equity	Prevention	Total
5 measures (19%)	7 measures (27%)	1 measure (4%)	1 measure (4%)	1 measure (4%)	11 measures (42%)	26 measures (100%)

4. Is there the right distribution of measures across conditions?

Cancer	Cardio-vascular	Diabetes	Infectious Disease	Behavioral Health	Patient Safety	Pregnancy	Respiratory	Other*	Total
3 (12%)	1 (4%)	3 (12%)	2 (8%)	9 (35%)	1 (4%)	1 (4%)	1 (4%)	4 (15%)	26 (100%)

*Includes three non-condition well-care measures (*Child and Adolescent Well-Care Visits*, *Developmental Screening in the First Three Years of Life* and *Well-Child Visits in the First 30 Months of Life*) and one non-condition patient experience measure (*PCMH CAHPS Survey*).

Gap Analysis (Cont'd)

- The Quality Council will need to prioritize which gaps to focus on in 2022 for measurement year 2023 in order to finalize the Core Measure Set by May.
- **Which gaps does it want to prioritize for this year?**

2022 Quality Council Insurer Survey

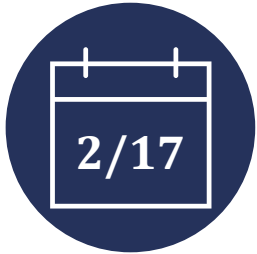
- Similar to last year, OHS is surveying insurers to capture the measures in use by Connecticut payers in value-based contracts with Advanced Networks.
 - It will also leverage this survey to assess fidelity to the Core Measure Set to inform the 2022 annual review.
- **OHS has requested that insurers complete the survey by Friday, January 28th. Insurers will receive more information directly from OHS.**

Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps

- OHS is requesting that the following activities be completed by Friday, January 28th. Council members can email Hanna Nagy (hanna.nagy@ct.gov) with any feedback or questions:
 - 1. Quality Council members should review and provide feedback on the draft Quality Benchmarks Recommendations Report.**
 - 2. Insurers have been requested to complete and return the 2022 Quality Council Insurer Survey.**

Meeting Wrap-Up & Next Steps (Cont'd)



- Continue discussion on strategies to improve Quality Benchmarks
- Review results from 2022 Quality Council Insurer Survey
- Begin considering measures to fill identified gaps in the Core Measure Set



- Continue considering measures to fill identified gaps in the Core Measure Set



- Review measure specification changes and opportunities for improvement for measures in the Core Measure Set
- Discuss follow-up items from the 2021 annual review of the Core Measure Set