Meeting of the Quality Council

Meeting Date	Meeting Time	Location
January 20, 2022	4:00 pm – 6:00 pm	Webinar/Zoom

Participant Name and Attendance

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

Meeting Information is located at: https://portal.ct.gov/OHS/Pages/Quality-Council/Meeting-Agendas

	Agenda	Responsible Person(s)
1.	**Welcome and Introductions**	**Hanna Nagy, OHS**
	Hanna Nagy called the meeting to order at 4:02pm. She explained that Andy Selinger would be adding the meeting late. She welcomed Ellen Carter as a new Quality Council member to be nominated by Andy. Ellen introduced herself as replacing Tiffany Donelson from the CT Health Foundation.	
2.	**Public Comment**	**Hanna Nagy, OHS**
	Hanna Nagy welcomed public comment. Dashni Sathasivam voiced support for the change to a ratio for the health equity measure, but objected to other aspects of the measure that did not include other race subpopulations, as well as the presence of only one health equity measure in the measure set. Hanna noted that the health equity measure would be discussed later in the meeting.	
3.	**Approval of December 16, 2021 Meeting Minutes**	**Hanna Nagy, OHS**
	Elizabeth Courtney motioned to approve the meeting minutes. Lisa Freeman seconded the motion. No one objected to or abstained from approving the meeting minutes. The motion passed.	
4.	**Review Quality Council Bylaws**	**Kelly Sinko Steuber, OHS**
	Kelly Sinko Steuber reviewed the Council's bylaws. She highlighted that the Council relies upon active participation of its members. She reminded attendees that members may not miss more than three meetings per year to retain their status as members of the Quality Council. She communicated that members who cannot attend a meeting should contact the chair and OHS in advance, and to also do so if a representative is to substitute at a meeting. Kelly said that OHS will inform members once they have missed three meetings during the year.	
5.	**Review 2022 Roadmap**	**Deepti Kanneganti, Bailit Health**
	Deepti Kanneganti reviewed a plan for meeting content over the course of 2022, noting that the Core Measure Set and the Quality Benchmarks remain the common areas of focus for the Quality Council. • Elizabeth Courtney expressed satisfaction that time would be spent on how to advance strategies to improve Quality Benchmark performance. • Susannah Bernheim asked if discussion would also touch upon how to improve performance on the entire Core Measure Set. Deepti responded that the Council will discuss how to improve Core Measure Set adoption by the insurers. • Marlene St. Juste asked when discussion of homegrown measure development would occur. Deepti explained that would occur when discussing measure set gaps as part of the annual review process.	

Meeting of the Quality Council

6.	**Discuss Quality Benchmark Outstanding Items and Draft Report**	**Deepti Kanneganti, Bailit Health**

Finalize Quality Benchmarks: Obesity Equity Measure

Deepti reminded the Council of the measure's specification, and then reminded everyone that Danyal Ibrahim recommended changing the measure to a ratio instead of an absolute difference. She said that OHS wished to adopt the recommendation. Deepti then responded to the public comment on this measure. She explained that the data source for the measure (the Behavioral Risk Factor Surveillance System Survey) did not support stratification by the categories recommended in the public comment. She also explained that the measure was focused on one disparity because to include more would mean adding more measures, and diluting improvement effort focus. Finally, she said that the Council would revisit health equity measures during the upcoming annual review process.

Deepti review the historical Benchmark values if a ratio was be adopted.

- Elizabeth Courtney noted that anecdotally everyone gained weight in 2020, which could make Benchmark attainment more challenging. Deepti reminded everyone that the value was being set for 2025. Susannah Bernheim and Rohit Bhalla noted that the measure was about relative obesity, and not absolute obesity.
- Steve Wolfson questioned resource availability for treatment of obesity, including nutritional counseling and exercise opportunities. He added that these resources may be less available for minoritized populations.
- Ellen Carter questioned exclusion of the Hispanic population from the measure. Deepti explained that the disparity was smaller for the Hispanic population relative to the White population than for the Black population. Ellen expressed understanding and asked to see trending data for Hispanic obesity rates, as she believed they had been increasing.
- Karen Haberlin observed that the FDA recently approved Wegovy, a weight loss medication, and worried that Whites would use it more often than BIPOC.
- Danyal Ibrahim said that if the Council viewed the rate of non-Hispanic White it could see why non-Hispanic Black was selected.
- Deepti recommendations a ratio value for 2025 of 1.33, the national ratio. The Council expressed support for this value.
- **Recommendation**: Adopt a 2025 Benchmark ratio of 1.33.

Finalize Quality Benchmarks: Mental Health Follow-up Measures

Deepti explained that the Council previously tried to make Benchmarks equally ambitious across commercial, Medicaid and Medicare populations. Since the last meeting OHS noted that for the mental health follow-up measures the consistency test was not met; the values were also set much higher relative to baseline than for other Benchmark measures.

- Steve Wolfson asked for the definition of "follow-up." Deepti shared that the NCQA measure specifications defined "follow-up" in great detail. Deepti offered to share the specifications with Steve.
- Susannah Bernheim wondered if it was okay if the target was set more aggressively if it didn't become effective until 2024. She added that she liked being aggressive with these targets.
- Elizabeth Courtney and Steve Wolfson asked who would be responsible for scheduling the follow-up visit. Deepti said multiple parties could schedule the follow-up visit.
- Karin Haberlin said that for Medicaid there were wrap-around services to help arrange follow-up care. She added that the targets were reasonable because the baseline rates were so low. Michael Jefferson concurred.
- Elizabeth Courtney shared how difficult it is to access mental health care and how challenging it will be to achieve the Benchmark values for the two measures due to inadequate clinician supply.
- Brad Richards advocated for retaining the current aspirational values.
- Susannah Bernheim noted the gap between Medicaid and commercial performance and said that the Benchmark values should not widen the gap. She recommended lowering the Benchmark value for commercial *Follow-up After Hospitalization for Mental Illness.*
- Lisa Freeman advocated for aspirational Benchmark values.
- Deepti summarized the conversation, noting a desire for retaining aspirational value and making the improvement for *Follow-up After Hospitalization for Mental Illness* be seven percentage points for Medicaid and commercial.
- **Recommendation**: Retain the 2025 Medicaid benchmark values for *Follow-up After Hospitalization for Mental Illness* and the adjust the commercial benchmark value to be 63% so that the improvement between baseline performance and the 2025 Benchmark value is seven percentage points for both markets.

Deepti asked for guidance on whether to make the improvement in terms of percentage points equal for Medicaid and commercial for *Follow-up After ED Visit for Mental Illness.*

- Brad Richards and Michael Jefferson recommended setting the improvement at 15 percentage points for commercial and Medicaid for *Follow-up After ED Visit for Mental Illness.*
- No opposition was voiced to the proposal.

- **Recommendation**: Retain the 2025 Medicaid benchmark values for *Follow-up After ED Visit for Mental Illness* and the adjust the commercial benchmark value to be 75% so that the improvement between baseline performance and the 2025 Benchmark value is 15 percentage points for both markets.

Deepti noted that OHS had drafted a report summarizing the Council's process and Benchmark recommendations, and asked that comments on the draft report be conveyed to Hanna Nagy by January 28, 2022.

7.	**Discuss Strategies to Improve Quality Benchmarks**	**Deepti Kanneganti, Bailit Health and Andy Selinger, Chair**

Deepti Kanneganti introduced the topic for discussion, noting that strategies could be designed at multiple levels, and some strategies could cross measures, while others could be measure specific. Deepti solicited ideas from the Council. She asked for discussion to focus on the three Phase 1 Benchmark measures.

- Andy Selinger suggested that Benchmark measures be advanced through insurer use of community health workers (CHWs) in communities that are identified using geocoding as economically stressed or have high prevalence of social determinants of health.
- Andy Selinger suggested engaging employer groups and enlisting them in educational programs to make progress on the measures.
- Rohit Bhalla supported a multi-stakeholder process, and not relying solely on provider organizations. He identified governmental agencies, community-based agencies, provider organizations, providers and payers, and said all need to have "skin in the game."
- Marlene St. Juste supported Rohit's comments, and asked how the Council can convene so many actors. She also asked Andy to explain what CHWs would do. Andy said that he had not thought through the operational details yet. Marlene said she supported the general concept.
- Marlene St. Juste also suggested that the high blood pressure focus should include high-risk, postpartum women. She highlighted that gynecologists should be expected to help postpartum women receive support (e.g., blood pressure monitors) post-delivery and follow-up with women to ensure they receive postpartum care to keep their blood pressure in check.
- Ellen Carter recommended culturally responsive strategies and considering leveraging existing evidence-based programs associated with the Benchmarks that simply can't go to scale with existing funding.
- Steven Wolfson recommended enhancing access to good nutrition at low cost.
- Lisa Freeman supported Andy's recommendation to leverage CHWs, especially since there is now a state certification program for them.
- Michael Jefferson described positive past experience with CHW-like personnel.
- Danyal Ibrahim recommended public reporting and recognition of providers and payers for performing well on the Quality Benchmarks.
- Steven Wolfson described Project Access, and its use of patient navigators. He said it had reduced no-show visit rates to 3% over the past 12 years, and provided $60M in free care for uninsured patients with urgent care needs.
- Rohit Bhalla observed that all three Phase 1 Benchmark measures are related to chronic conditions, and medication management is critical for all three, meaning that there is an important role for the patient and family. He advocated for making the patient part of the solution, and not replying solely on external parties.
- Sandra Czunas spoke of the positive experience of the State Employee Health Plan with health coaches for helping patients with chronic conditions, beginning with diabetes. She described it as a lifestyle change program, and asked for more information about Michael Jefferson's experience.
- Lisa Freeman advocated for strategies that address the needs of the patient (e.g., offering programs in English and Spanish) and encouraged engagement of community groups to understand patient barriers.
- Karin Haberlin noted that patients have unique motivations and digest information in different ways. She supported using a variety of strategies to reach different types of patients for this reason.
- Michael Bailit observed that this was perhaps the most important discussion topic of the past year for the Quality Council. He observed that the question and challenge of how to generate improvement on the three Benchmark measures was immensely challenging. He recommended Quality Council staff digest the rich input and come back with a draft suggested approach for discussion during the next meeting.
- Andy Selinger supported Michael's suggestion, and asked for an explanation of how the primary care spend target in Executive Order No. 5 relates to Quality Benchmark attainment.

8.	**Revisit the Core Measure Set**	

Not discussed due to lack of time.

9.	**Adjourn**	**Andy Selinger, Chair**

Steven Wolfson made a motion to adjourn the meeting. Ellen Carter seconded the motion. There were no objections. The meeting adjourned at 5:55pm.