

# Quality Council

## February 17, 2022



# Call to Order

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# 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 January 20, 2022 Meeting Minutes—Vote
4:20 p.m.	Continue Discussion of Strategies to Improve Quality Benchmark Performance
5:00 p.m.	Break
5:05 p.m.	Revisit the Core Measure Set
5:55 p.m.	Wrap-up & Next Steps
6:00 p.m.	Adjourn

# Public Comment

# Roll Call

# Approval of January 20, 2022 Meeting Minutes—Vote

# Continue Discussion of Strategies to Improve Quality Benchmark Performance

# Reminder: 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 healthcare quality in Connecticut
- Consists of three measures for 2022-2025 and seven measures for 2024-2025



# Recap of the January Meeting

- At the last meeting, the Quality Council brainstormed strategies that payers, providers, and/or agencies could implement to generate action to improve performance on the Quality Benchmarks.
- The strategies focused on the three Phase 1 measures:
  - *Asthma Medication Ratio,*
  - *Controlling High Blood Pressure and*
  - *Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control.*

# Strategies to Generate Action to Improve Performance on the Quality Benchmarks

- The tables on the following slides summarize the major strategies identified by the Quality Council, Bailit Health and OHS.
- As we review the following strategies, please consider which strategies OHS and the Quality Council should prioritize.
  - Of note, OHS does not currently have funding to support these strategies. Therefore, if the Quality Council recommends pursuing an initiative that requires significant financial resources, a funding source(s) would need to be identified.

# Strategies to Generate Action to Improve Performance on the Quality Benchmarks (Cont'd)

## Level of Action: State Policy / Programming

#	Strategy	Measure Focus	Level of Difficulty	Theory of Change
1	Public reporting (annually with Cost Growth Benchmark and on <a href="#">HealthscoreCT</a> ) of provider and payer performance on the Quality Benchmarks	All	Easy	Public reporting of payer and provider performance may motivate these entities to improve performance so they do not appear to be poor performers.
2	Public recognition of providers and payers that are performing well / demonstrating improvement on the Quality Benchmarks	All	Easy	Payers and providers may be encouraged to invest in strategies to improve performance, and/or continue their improvement efforts, if they will be recognized for their work.

# Strategies to Generate Action to Improve Performance on the Quality Benchmarks (Cont'd)

## Level of Action: State Policy / Programming (Cont'd)

#	Strategy	Measure Focus	Level of Difficulty	Theory of Change
3	Create a true set of “core measures” in the Core Measure Set and make the Phase 1 Quality Benchmarks the only Core Measures	All	Medium	If all payer/AN VBP contracts include the Phase 1 Quality Benchmarks, there will be more attention to the measures and therefore payers and providers are more likely to improve performance.

# Strategies to Generate Action to Improve Performance on the Quality Benchmarks (Cont'd)

## Level of Action: State Policy / Programming (Cont'd)

#	Strategy	Measure Focus	Level of Difficulty	Theory of Change
4	Partner with other agencies on a PR and education campaign	All	Medium	Greater awareness of the goals of the Quality Benchmarks and what strategies payers / providers can implement to improve performance (from a trusted source) may encourage action.
5	Create a toolkit to give to provider organizations	All	Medium	A toolkit makes it easier for providers to implement best practice strategies in their organizations to improve measure performance.

# Strategies to Generate Action to Improve Performance on the Quality Benchmarks (Cont'd)

## Level of Action: Payer Policy / Programming

#	Strategy	Measure Focus	Level of Difficulty	Theory of Change
6	Insurer/employer use of community health workers (CHWs), patient navigators and/or health coaches focused on the Phase 1 Quality Benchmark topics and targeted in communities of greatest need	All	Very Hard	CHWs, patient navigators and health coaches can work directly with populations with the greatest need to help patients modify their behavior and/or connect them to needed services in ways that other providers and payers cannot. Such actions may improve measure performance.

# Strategies to Generate Action to Improve Performance on the Quality Benchmarks (Cont'd)

## Level of Action: Clinical Intervention

#	Strategy	Measure Focus	Level of Difficulty	Theory of Change
7	Expand existing evidence-based (clinical improvement) programs associated with the Benchmarks	All	Medium / Hard	Expansion of existing interventions that have evidence of improving performance will have a greater impact on measure performance statewide.
8	Leverage gynecologists to help postpartum women receive support post-delivery and follow-up with women to ensure they receive care to control their blood pressure (BP)	Controlling High Blood Pressure	Medium / Hard	Connecting postpartum women with the right resources may help them control their BP. This may improve performance if there's evidence that postpartum women have uncontrolled high BP.

# Strategies to Generate Action to Improve Performance on the Quality Benchmarks (Cont'd)

#	Level of Action	Strategy
1	State Policy / Programming	Public reporting of provider / payer performance on the Quality Benchmarks
2		Public recognition of high-performing providers / payers
3		Create a true set of “core measures” in the Core Measure Set with Phase 1 Quality Benchmarks
4		Partner with other agencies on a PR and education campaign
5		Create a toolkit to give to provider organizations
6	Payer Policy / Programming	Insurer/employer use of CHWs, patient navigators and/or health coaches in communities of greatest need
7	Clinical Intervention	Expand existing evidence-based (clinical improvement) programs
8		Leverage gynecologists to help postpartum women receive support to control their blood pressure



# 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:
  - reviewing the measure selection criteria,
  - 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.

# 2022 Core Measure Set

1. PCMH CAHPS Survey
2. Plan All-cause Readmission
3. Breast Cancer Screening
4. Cervical Cancer Screening
5. Chlamydia Screening in Women
6. Colorectal Cancer Screening
7. Immunizations for Adolescents (Combo 2)
8. Developmental Screening in the First Three Years of Life
9. Well-child Visits in the First 30 Months of Life
10. Child and Adolescent Well-care Visits
11. Prenatal and Postpartum Care
12. Screening for Depression and Follow-up Plan
13. Behavioral Health Screening\*
14. Asthma Medication Ratio
15. Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9%)
16. Eye Exam for Patients with Diabetes
17. Kidney Health Evaluation for Patients with Kidney Disease
18. Controlling High Blood Pressure
19. Follow-up Care for Children Prescribed ADHD Medication
20. Metabolic Monitoring for Children and Adolescents on Antipsychotics\*
21. Follow-up After Hospitalization for Mental Illness (7-Day)
22. Follow-up After ED Visit for Mental Illness (7-Day)
23. Substance Use Assessment in Primary Care
24. Concurrent Use of Opioids and Benzodiazepines
25. Use of Pharmacotherapy for Opioid Use Disorder
26. Health Equity Measure

\*Medicaid only measure.

# Hospital/Inpatient Measures

- The Core Measure Set currently does not include hospital/inpatient-focused measures.
  - A preliminary review of the 2022 Quality Council Insurer Survey found that no insurance carriers are using hospital/inpatient-focused measures in contracts with Advanced Networks in Connecticut.
  - Other state aligned measure sets focused on Advanced Network-like entities frequently do not include hospital/inpatient-focused measures.
- **Does the Council recommend including hospital/inpatient-focused measures in the Core Measure Set?**

# Measure Selection Criteria

- The Quality Council revised its measure selection criteria during the 2021 annual review of the Core Measure Set.
- As a reminder, these criteria are meant to help the Council ensure that each measure has sufficient merit for inclusion in the Core Measure Set. A measure does not need to satisfy all criteria.
- There are two sets of measure selection criteria:
  - a set of criteria that apply to individual measures and
  - a set of criteria to apply to the measure set as a whole.

# Criteria to Apply to Individual Measures

1. 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, economic status, and other important demographic and cultural characteristics.
2. Represents an opportunity for improvement in quality of care, inclusive of outcomes and of population health.
3. Accessible with minimal burden to the clinical mission, and:
  - a. draws upon established data acquisition and analysis systems;
  - b. is efficient and practicable with respect to what is required of payers, providers, and consumers, and
  - c. makes use of improvements in data access and quality as technology evolves and become more refined over time.
4. Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health.

# Criteria to Apply to Individual Measures (Cont'd)

5. Addresses the most significant health needs of Connecticut residents, with attention to areas of special priority, beginning with:
  - a. behavioral health
  - b. health equity
  - c. patient safety, and
  - d. care experience.
6. Measures and methods are valid and reliable at the data element and performance score level.
7. Useable, relevant and has a sufficient denominator size.

# Criteria to Apply to the Measure Set as a Whole

1. Includes topics and measures for which there are opportunities to promote health equity by race, ethnicity, language and/or disability status.
2. Broadly address population health.
3. Prioritizes health outcomes, including measures sourced from clinical and patient-reported data.
4. Taken as a whole, high performance on the proposed measure set should significantly advance the delivery system toward the goals of safe, timely, effective, efficient, equitable, patient-centered (STEEEP) care.
5. Balances comprehensiveness and breadth with the need for parsimony to enable effective quality improvement.
6. Representative of the array of services provided, and the diversity of patients served, by the program.



# 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, patient self-report, survey data)
  3. Domain (e.g., acute care, chronic care, care coordination)
  4. Condition (e.g., diabetes, respiratory)

# Gap Analysis (Cont'd)

- One note before we get started...
- The Core Measure Set is a menu of measures from which OHS recommends payers and providers select measures for use in value-based contracts.
- The Core Measure Set should be **relatively consistent** from year to year to **ensure that payers and providers can invest resources for performance improvement** for measures that will not be removed the following year.

# 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
  - Low-back pain treatment
  - Maternity care
  - Obesity
  - Opioid overdose deaths
  - Oral health
  - Outcome measures (in general)
    - Patient-reported outcomes
  - Overuse
    - Primary care-focused and readmission-focused measures
  - 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 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%)	<b>26 measures</b> (100%)

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

Claims Only	Clinical Data Only	Claims & Clinical Data	Patient Self-Report	Survey	Total
13 measures (50%)	0 measures (0%)	12 measures (46%)	0 measures (0%)	1 measure (4%)	<b>26 measures</b> (100%)

# Gap Analysis (Cont'd)

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

Acute Care	Behavioral Health	Care Coordination	Chronic Care	Consumer Engagement	Health Equity	Prevention	Total
0 measures (0%)	7 measures (27%)	1 measure (4%)	5 measures (19%)	1 measure (4%)	1 measure (4%)	11 measures (42%)	<b>26 measures</b> (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%)	<b>26</b> (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 upon in 2022 for MY2023 in order to finalize the Core Measure Set by May.
- **Which gaps do you want to prioritize this year?**
- For today's presentation we wanted to begin looking at the following gaps given previous expressed interest:
  - Care coordination
  - Outcome measures
  - SDOH Screening\*
  - REL data completeness

REL: Race, ethnicity and language

SDOH: Social determinants of health

\*We will defer consideration of SDOH screening measures until NCQA has released more information about its new measure.

# Care Coordination

- The PCMH CAHPS Survey has one question that could be used to measure care coordination:
  - *In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?*
- The CG CAHPS Survey, which is the main survey to which the PCMH CAHPS Survey questions are added, has one question that could be used to measure care coordination:
  - *In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?*

# Care Coordination (Cont'd)

NQF # / Status	Measure Name	Steward	Measure Type	Description
NA	Closing the Referral Loop: Receipt of Specialist Report	CMS	Process	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.
NA	Client Perception of Coordination Questionnaire	AHRQ	Patient Experience	31-item questionnaire to measure patient-centered care and care coordination in health care delivery from a consumer perspective. Addresses identification of need, access to care, patient participation, patient-provider communication, and global assessments of care.
NA	Care Coordination Quality Measures for Primary Care	AHRQ	Patient Experience	Survey of adult patients' experiences with care coordination in primary care settings.



# Care Coordination (Cont'd)

NQF # / Status	Measure Name	Steward	Measure Type	Description
Various *	Family Experiences with Coordination of Care Measure Set	Center of Excellence on Quality of Care Measures for Children with Complex Needs	Patient Experience	Survey developed to gather information needed to score 20 separate and independent quality measures that assess the quality of care coordination services received by children with medical complexity.

\*Several survey questions are individually endorsed by NQF. The NQF numbers include: 2842, 2843, 2844, 2845, 2846, 2847, 2849, 2850.

# Outcome Measures

- There are three outcome measures in the Core Measure Set:
  - *Controlling High Blood Pressure,*
  - *Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control and*
  - *Plan All-Cause Readmission.*
- The following slide lists several types of valid, reliable, available outcome-focused measures for measure topics addressed in the Core Measure Set.
  - **As you review, consider whether any of the types of measures are of interest to you.**

# Outcome Measures

Measure Focus	Types of Relevant, Valid, Non-Inpatient Outcome Measures Available
Behavioral Health	Depression remission and response
Cancer	None
Cardiovascular	Optimal vascular care
Diabetes	Blood pressure control for patients with diabetes, optimal diabetes care
Infectious Disease	Outcomes for patients with HIV
Patient-reported Outcomes	Change in functional status post surgery, patient activation, informed patient-centered surgery, shared decision making
Patient Safety	Ear infection rates, medications in patient records, patient fall rates
Pregnancy	Contraceptive care
Prevention / Well Visits	N/A
Respiratory	ED visits for asthma

# REL Data Completeness Measures

- There are no national measures focused on capture of race, ethnicity and language (REL) data.
- Public Act 21-35 requires OHS to complete an implementation plan for healthcare providers to report REL data in the state Health Information Exchange.
- The Governor's proposed budget allocates \$1.2 Million over the next two years to initiative the systems change needed to collect this data.

# Wrap-up & Next Steps

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



- Review results from 2022 Quality Council Insurer Survey
- 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



- Finalize 2023 Core Measure Set