Meeting of the Quality Council

Meeting Date	Meeting Time	Location
April 21, 2022	4:00 pm – 6:00 pm	Webinar/Zoom

Participant Name and Attendance

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

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**	**Hanna Nagy, OHS**
	Chair Andy Selinger was absent at the beginning of the meeting. Hanna Nagy called the meeting to order at 4:04pm.	
2.	**Public Comment**	**Hanna Nagy, OHS**
	Hanna Nagy welcomed public comment. Pareesa Charmchi Goodwin, Executive Director at The Connecticut Oral Health Initiative, offered public comment. Pareesa spoke in support of the two oral health measures being considered at the meeting (*Topical Fluoride* and *Oral Health Evaluation*). She noted that the measures only included individuals below age 21 and said that adult oral health was overlooked. Pareesa suggested that the oral health measures apply to the entire adult population. Michael Bailit responded to Pareesa's comment. Michael explained that Quality Council was not considering any adult oral health measures because the Measure Set was intended for payers to use in their contracts and, unfortunately, the contracts did not include dental coverage except in limited terms, including as prescribed under the Affordable Care Act (ACA) for children. Pareesa noted that CT Medicaid covers adult dental services. Michael said that because the Measure Set was intended for use in both commercial and Medicaid contracts, adult oral health measures would be more appropriate for DSS to consider. Brad Richards said DSS recognized the importance of oral health and was interested in including adult oral health measures, potentially for reporting or pay-for-reporting only.	
3.	**Continue Considering Candidate Measures to Fill Identified Gaps**	**Michael Bailit, Bailit Health**
	Michael Bailit said the Quality Council would finish discussing measures to fill six priority gaps in the Measure Set. Michael asked the Quality Council to consider the measure selection criteria as they discussed the measures. Michael also reminded the Quality Council that the Measure Set should be relatively consistent from year to year. **Care Coordination** • Michael Bailit shared three options to fill the care coordination measure gap: *Closing the Referral Loop*, *Timely Follow-up After Acute Exacerbations of Chronic Conditions* and *Transitions of Care* • Michael reminded the Quality Council that it discussed *Closing the Referral Loop* at the February meeting and there was interest in the measure but Quality Council members had questions about measure implementation. Michael shared that following the February meeting, Bailit Health confirmed that the measure required medical record review to confirm report receipt. • Michael reminded the Quality Council that a member suggested *Timely Follow-up After Acute Exacerbations of Chronic Conditions* during the February meeting. Michael said Bailit Health was not sure whether the measure would be viable at the Advanced Network level. Michael said if the Quality Council was interested in adopting the	

measure, it might be helpful to have a payer run the measure at the Advanced Network level first to confirm the numerators and denominators are sufficient.

- Michael offered *Transitions of Care* as a third option which Bailit Health had identified since the February meeting. Michael said the measure was designed for Medicare, but it could be used for commercial or Medicaid populations.
- Lisa Freeman said she was enthusiastic about adding at least one care coordination measure. She said she preferred *Transitions of Care* because it involved the patient, but she was also in favor of *Closing the Referral Loop* to promote smooth ongoing care.
- Brad Richards asked whether *Transitions of Care* would be based off of administrative claims data. Michael said no, it would require medical record review, so it could be administratively burdensome to implement.
- Susannah Bernheim said that medical record review measures have always seemed like good measures but have been hard to operationalize in a meaningful way.
- Lisa Freeman said transitions of care are where many medical errors occur and although a measure with medical record review might be expensive, patient errors are also expensive.
- Susannah Bernheim said that there are times when the burden of implementation is worth the expense, but there are portions of the measure that historically have not been operationalized in a meaningful way.
- Alison Vail said *Timely Follow-up After Acute Exacerbations of Chronic Conditions* was important and a key driver of readmissions.
- Michael asked if any payers used *Transitions of Care*. Stephanie De Abreu said, in the chat, that she was less familiar with UnitedHealthcare's Medicare Advantage measures but she offered to ask her team and report back.
- **Next Steps:**
  - Bailit Health will research plan and provider experience with *Transitions of Care* and report back to the Quality Council at the May meeting.
  - Stephanie De Abreu will ask her Medicare Advantage team about *Transitions of Care*, including whether the measure was in use and, if so, how it was implemented.

4.	**Approval of March 17, 2022 Meeting Minutes**	**Hanna Nagy, OHS**

Hanna Nagy noted that a quorum had been achieved. Elizabeth Courtney motioned to approve the March 17th meeting minutes. Lisa Freeman seconded the motion. No one objected to or abstained from approving the meeting minutes. The motion passed.

5.	**Continue Considering Candidate Measures to Fill Identified Gaps**	**Michael Bailit, Bailit Health**

Oral Health

- *Topical Fluoride for Children*
  - Michael Bailit reminded the Quality Council that it considered this measure during the February meeting and one member wondered why topical fluoride application was necessary given the CT fluoridated its water supply and exposure to too much fluoride may cause dental fluorosis. Michael said Bailit Health reached out to DSS with this question and learned from Dr. Donna Balaski that there were different types of fluoride used in the water supply versus in topical fluorides and enamel fluorosis is very uncommon. Michael shared that Dr. Balaski recommended that the Quality Council add *Topical Fluoride for Children* to the Measure Set because of its importance in preventing tooth decay.
  - Elizabeth Courtney asked whether there was equity information for oral health in CT. Michael said that although they considered health equity information for measures already in the Measure Set, Bailit Health did not research disparities for the measures to fill identified gaps.
  - Michael asked whether the Quality Council would be interested in adding *Topical Fluoride for Children* to the Measure Set if there was opportunity for improvement or disparities. Lisa Freeman, Elizabeth Courtney and Andy Selinger replied yes. Ellen Carter said yes and asked whether topical fluoride was delivered during an oral evaluation and, if so, if there would be an issue with data collection for the commercial population.
  - **Next Steps**:
    - Bailit Health will research opportunity for improvement and disparities for *Topical Fluoride for Children* and report back to the Quality Council at the May meeting.
    - Bailit Health will determine whether *Topical Fluoride for Children* accounts for topical fluoride delivered during routine dental visits and report back to the Quality Council at the May meeting.

Outcomes for Persons with Multiple Chronic Conditions

- *Follow-up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions*

- Michael Bailit noted that this was a process measure not an outcome measure.
- Lisa Freeman asked what percentage of the population had multiple chronic conditions. Michael said probably a small percentage because it would be used at the Advanced Network level.
- Susannah Bernheim said there was a Medicare Advantage measure that identified admissions among older adults with multiple chronic conditions. Michael said he was not sure the measure would have sufficient numerators and denominators in the commercial population.
- Elizabeth Courtney asked about the definition of chronic conditions. Michael said the measure had a standard chronic condition definition.

- **Recommendation**: Do not add *Follow-up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions* to the Measure Set.

Outcomes for Persons with Disabilities

- *Optional CAHPS item set for people with mobility impairments (PWMI)* (can be added to CAHPS Health Plan survey or CG CAHPS survey)
  - Michael Bailit said he was not sure if there would be enough individuals with mobility impairments in the commercial and Medicaid population at the Advanced Network level.
  - Lisa Freeman wondered whether there would only be responses from patients who were upset or elated about their care. Michael clarified that the measure would be administered to all patients. Lisa said, in that case, she strongly supported this measure.
  - Susannah Bernheim said she was concerned about population size, especially given CAHPS was administered to just a sample.
  - Andy Selinger said he agreed it was an important topic but there would be a limited population.
  - Lisa Freeman said that groups like hers could encourage a study be done using this measure.
  - Karin Haberlin said she agreed that population size was an issue but said the issue was important to keep in mind because as the population ages, mobility issues will grow.
  - Michael noted that there are populations with significant health care needs for which it is difficult to identify measures because of population size issues. Michael said the MA Measure Alignment Task Force was going to convene a work group to think about how to bring attention to measures that were focused on small, high-risk populations and Michael proposed that the Quality Council follow that discussion.
  - **Recommendation**: Bailit Health will follow MA Measure Alignment Task Force discussion about how to bring attention to measures that focus on small, high-risk populations and report back to the Quality Council about what the MA Task Force considers and recommends.

Social Determinants of Health (SDOH)

- *Social Needs Screening and Intervention (NCQA)*
  - Michael Bailit said NCQA's proposed new measure screened for social needs *and* assessed for interventions if the screen was positive. Michael also noted that the measure could only be reported electronically, which presented significant workflow challenges for practices. Michael recommended tracking this measure but not adopting it yet, particularly since it had yet to be formally adopted by NCQA.
  - Michael shared MA and RI's SDOH screening measures, which do not require electronic reporting but also do not include the intervention component.
  - Susannah Bernheim shared that Medicare announced in a proposed rule that it was considering in two years having hospitals report the percentage of patients screened for social determinants of health on five areas using any tool. Susannah said she worried that committing to one homegrown SDOH screening tool would add to the chaos and there may be a universally agreed upon tool in a year's time. Michael noted that none of the considered measures specify the screening tool and the reason NCQA, MA, and RI allow for choice of screens is because there is no evidence that any tool is better than another.
  - Andy said there were ICD codes that indicate a positive SDOH screen and wondered if it was possible to use those codes as a data proxy for screening. Michael said there was not a code for a negative screen or a code for intervention, only for positive screen results.
  - Andy recommended that the Council choose a homegrown measure until the NCQA measure is finalized. Michael said choosing a homegrown measure would take work because it would require standard documentation in EHR of the screen and would require payers to do medical record review.
  - Elizabeth Courtney asked if any states other than MA or RI have implemented SDOH measures. Michael said NC and OR have implemented measures through their Medicaid programs. Elizabeth said she was supportive of CT being a trailblazer on SDOH screening.

- Ellen Carter said she supported implementing an SDOH screening measure and did not feel it was necessary to wait until the measure was perfect. Michael noted that the MA and RI measures have been tested and implemented.
- Elizabeth Courtney asked whether Michael recommended MA or RI's SDOH screening measure. Michael said the measures were very similar but said that MA's measure looks at the percentage of attributed patients screened, whereas RI's measure looks at the number of attributed patients screened who had a visit. Michael said this means MA's measure has a lower rate and RI's measure has a higher rate.
- Michael asked if anyone on the Quality Council thought CT should not pursue either of the two homegrown measures. No one responded.
- Brad Richards recommended adding an SDOH screening measure.
- **Recommendation**: The Quality Council recommended adding an SDOH screening measure to the Measure Set.
- **Next Step:** Bailit Heath will present a more detailed comparison of MA and RI's SDOH screening measures at the May meeting and the Quality Council will select which measure it prefers to recommend.

Race, Ethnicity and Language (REL) Data Completeness Measure

- Michael Bailit said that this measure would assess the extent to which Advanced Networks are capturing REL data in their EHRs. Michael said there are no national measures focused on REL data capture but Public Act 21-35 requires OHS to complete an implementation plan for healthcare providers to report REL data in the Health Information Exchange, which will encourage, if not require, the capture of REL data.
- Kelly Sinko added that REL stratification was important to OHS. She explained that the OHS Health Information Technology Officer was working on an implementation plan and the Governor's proposed budget allocates $1.2 million over the next two years to initiate the systems change needed to collect these data.
- Elizabeth Courtney asked whether OHS' initiative would result in the creation of a new measure or if the Quality Council would need to create its own quality measure. Kelly said a data completeness measure would be helpful, but only after REL data collection standards were established.
- Michael said a measure established today would need to measure, for what percentage of Advanced Network patients does the Advanced Network have any REL data. Michael shared that MA administered a survey to gather this information in the summer of 2021, but there were no standard specifications re: data capture.
- **Recommendation:** The Quality Council will wait to adopt an REL Completeness Measure until there are standards developed for REL data capture.

6.	**Review Measure Specification Changes**	**Michael Bailit, Bailit Health**

Michael Bailit said that Bailit Health would usually share opportunity for improvement data but given the impact of the COVID-19 pandemic, it would not be sharing 2020 performance during this year's review

Michael shared the MY 2022 measure specification changes for *Colorectal Cancer Screening* and *Controlling High Blood Pressure*. Michael also shared the proposed MY 2023 measures, including the addition of two new oral health measures, release of a new social-needs-related measure and expansion of required race and ethnicity stratification for select measures. Michael said Bailit Health did not recommend making any changes to the Measure Set based on the MY 2022 or proposed MY 2023 changes.

7.	**Update from DSS on *Person-Centered Primary Care Measure* and *Substance Use Assessment in Primary Care***	**Brad Richards, DSS / Michael Bailit, Bailit Health**

Person-Centered Primary Care Measure (PCPCM)

- Michael Bailit reminded the Quality Council that during the 2021 Annual Review the Quality Council considered three patient experience surveys (CG CAHPS, PCMH CAHPS, and PCPCM) and expressed interest in PCPCM but given it was not widely used, the group ultimately chose to retain PCMH CAHPS while recommending pursuing a pilot of PCPCM. Michael said DSS was the only payer that agreed to participate in the pilot.
- Brad Richards shared DSS' experience with PCPCM. Brad said DSS still used PCMH CAHPS but used PCPCM in its PCMH+ program. Brad said PCPCM had 11 questions, to which DSS added demographic information. Brad said the brief survey led to decreases in cost to administer and a higher response rate. However, Brad said he did not know if there was a significant difference between PCPCM and PCMH CAHPS.
- Michael asked Brad what the PCMH+ practices said about PCPCM and whether they found the results to be meaningful and actionable. Brad said DSS was delivering the individual reports to PCMH+ entities in April and he offered to report back at the May meeting.

- Michael asked Brad if DSS would continue using PCPCM. Brad said DSS planned to use PCPCM again in the PCMH+ program but will use CAHPS in their other programs.
- Michael asked the Quality Council if it would recommend replacing PCMH CAHPS with PCPCM in the 2023 Measure Set.
- Andy Selinger said he did not think there were enough data to recommend replacement. Andy said he liked PCPCM's shorter length and higher response rate but recommended waiting until there were more definitive results.
- Elizabeth Courtney asked Brad when DSS will have a full report to share. Brad said DSS would likely report out the PCPCM and CAHPS comparison in 2023. Brad added that CMS approved PCPCM for use in the MIPS program.
- **Next Steps:** DSS will share PCMH+ practice feedback on PCPCM after it meets with the practices in April.

Substance Use Assessment in Primary Care

- Michael Bailit reminded the Quality Council that during the 2021 Annual Review, the Quality Council added *Substance Use Assessment in Primary Care* to fill a behavioral health measure gap.
- Brad Richards shared that DSS ran the measure specifications as of April 2022 and found that the rate was 0.95% in 2019 and it went down to 0.89% in 2020 due to a big increase in the denominator while the numerator slightly increased. Brad said the rate increased to 1.07% in MY 2021 thanks to the 49% increase in numerator even though the denominator also increased by 23%.
- Michael noted that the low performance DSS found could be a reflection of screening not occurring and providers not coding for screening.
- Karen Haberlin asked if data was coming from Beacon, the Behavioral Health Administrative Service Organization (ASO). Brad said since it was a claims-based measure, Beacon and CHN should have the same dataset. Karen said she would have expected to see more screening than what DSS found.
- Michael said that if payers attached incentive dollars to this measure, the performance rates might go up.
- Andy Selinger asked whether social history questions could be coded using CPT codes. Brad said yes, those questions could be coded using CPT codes, but he thought providers were not using them.

8. Measure Selection Criteria for Selecting "True" Core Measures — **Michael Bailit, Bailit Health**

Michael reminded the Quality Council that during the March meeting, the Quality Council expressed support for adopting a "true" Core Measure Set, meaning OHS would ask insurers to use a select number of Core Measures in *all* value-based contracts with Advanced Networks. Michael shared that OHS had elected to rename the Quality Council's "Core Measure Set" the "CT Aligned Measure Set" which will contain Core Measures and Menu Measures. Michael recommended that the Quality Council adopt measure selection criteria specific to the Core Measures. Michael shared MA's Core Measure Selection Criteria as an example and shared Bailit Health's proposed measure selection criteria for the Core Set.

Discussion:

- Lisa Freeman recommended that at least one Core Measure focuses on patient safety. Michael noted that the Quality Council would first need to add a patient safety measure to the Measure Set.
- Andy Selinger recommended that the Core Measure Set include a high-value care measure. Michael asked what would constitute high-value care. Andy said the measure would need to be evidence-based. Michael noted that the broader measure selection criteria require all Aligned Measure Set measures to be evidence-based and correlated with improved patient health.
- Brad Richards requested a review of the existing measure selection criteria. Michael reviewed the criteria applied to individual measures and criteria applied to the Measure Set as a whole.
- Andy Selinger requested more time to digest MA's Core Measure selection criteria.
- Lisa Freeman cautioned against copying MA's criteria and encouraged the Quality Council members to think about CT's unique priorities.
- Elizabeth Courtney recommended choosing one Core Measure from each of the broad measure categories (e.g., pediatric, maternal).
- **Next Steps**: Bailit Health will survey the Quality Council members for their preferred Core Measure selection criteria before the May meeting.

9. Adjourn — **Hanna Nagy, OHS**

Brad Richards made a motion to adjourn the meeting. Elizabeth Courtney seconded the motion. There were no objections. The meeting adjourned at 5:58pm.