Quality Council
April 21, 2022

OHS
CONNECTICUT
Office *of* Health Strategy

Call to Order

Roll Call

Agenda

Time	Topic
4:00 p.m.	Call to Order
4:05 p.m.	Public Comment
4:15 p.m.	Approval of March 17, 2022 Meeting Minutes—Vote
4:20 p.m.	Continue Considering Candidate Measures to Fill Identified Gaps
4:45 p.m.	Review Measure Specification Changes
5:15 p.m.	Update from DSS on *Person-Centered Primary Care Measure* and *Substance Use Assessment in Primary Care*
5:30 p.m.	Measure Selection Criteria for Selecting "True" Core Measures
5:55 p.m.	Wrap-up & Next Steps
6:00 p.m.	Adjourn

Public Comment

Approval of March 17, 2022 Meeting Minutes—Vote

Measures to Fill Identified Gaps in the Core Measure Set

Reminder: 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.

OHS CONNECTICUT Office of Health Strategy

Gap Analysis

- During the February meeting, the Quality Council began discussing measures to fill previously identified priority gaps in the Measure Set (no measures were added or removed).
- We will finish discussing measures for the following gaps today:
  - Care coordination
  - Oral health
  - Outcomes for persons with multiple chronic conditions
  - Outcomes for persons with disabilities
  - SDOH screening
  - REL data completeness

REL: race, ethnicity and language

SDOH: social determinants of health

OHS CONNECTICUT Office of Health Strategy

Gap Analysis (Cont'd)

- When considering which measures to select, please keep in mind the Council's measure selection criteria, included in the Appendix of this presentation.

- The 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.

Care Coordination – *Closing the Referral Loop*

- During the February meeting, the Quality Council expressed interest in *Closing the Referral Loop* to fill the Care Coordination measure gap. There were some questions about measure implementation.
  - Bailit Health has confirmed that the measure requires medical record review to confirm report receipt.
- Does the Quality Council still recommend adding this measure to the Measure Set given this information?

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 received a report from the provider to whom the patient was referred

Care Coordination – *Timely Follow-up After Acute Exacerbations of Chronic Conditions*

- During the February meeting, a Quality Council member suggested *Timely Follow-up After Acute Exacerbations of Chronic Conditions* to fill the Care Coordination measure gap.

NQF # / Status	Measure Name	Steward	Measure Type	Description
NA	Timely Follow-up After Acute Exacerbations of Chronic Conditions	IMPAQ	Process	Percentage of acute events requiring either an emergency department (ED) visit or hospitalization for one of six chronic conditions where follow-up was received within the timeframe recommended by clinical practice guidelines in a non-emergency outpatient setting.

Care Coordination – *Timely Follow-up After Acute Exacerbations of Chronic Conditions* (Cont'd)

- The six chronic conditions included in this measure are:
  1. Hypertension
  2. Asthma
  3. Heart failure
  4. Coronary artery disease
  5. Chronic obstructive pulmonary disease (COPD)
  6. Diabetes mellitus (Type 1 or Type II)
- We are unsure whether there are enough admissions for these conditions in a commercially insured population at the Advanced Network level.
- **If the Quality Council is interested in adopting this measure, would a health plan be willing to run the measure to assess sufficiency of Advanced Network numerator/denominator size?**

Oral Health

- During the February meeting, the Quality Council considered *Topical Fluoride* and *Oral Evaluation* to fill the oral health gap.
  - One member wondered why topical fluoride application was necessary given the CT water supply is fluoridated and exposure to too much fluoride may cause dental fluorosis.

NQF # / Status	Measure Name	Steward	Measure Type	Description
2528 (Endorsed)	Topical Fluoride for Children	NCQA	Process	Percentage of members 1-20 years of age who received at least two topical fluoride applications during the MY.
2517 (Endorsed)	Oral Evaluation, Dental Services *(Medicaid Only)*	NCQA	Process	Percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the MY.

Note: These measures were originally stewarded by DQA but are now proposed as new HEDIS measures for MY 2023 by NCQA. CMS previously added the DQA measures to the CMS Medicaid/CHIP Child and Adult Core Health Care Measure Sets. MY = Measurement Year

Oral Health (Cont'd)

- Bailit Health reached out to DSS and learned the following from Dr. Donna Balaski, DMD:
  - Fluoride is the single best agent to prevent dental decay in children and adults.
  - Over the past several decades there has been an increase in fluoridation of water, with a concurrent decrease in fluoride concentration (2 parts per million to 0.7 parts per million).
  - There are different types of fluoride which are used in different circumstances:
    1. **Fluoride in the water supplies** treat the teeth that are developing in pregnant women or in children or with adult teeth the areas of the teeth not exposed to the oral cavity *(may cause fluorosis if consumed regularly in excess)*
    2. **Topical fluorides** are used to treat the portion of the teeth that are exposed to the destructive environment in the oral cavity
  - Enamel fluorosis is very uncommon and can be desirable (mild fluorosis results in whiter teeth)

Oral Health (Cont'd)

- Dr. Balaski recommended that the Quality Council add *Topical Fluoride for Children* to the Measure Set because of the importance of topical fluoride in preventing tooth decay and the minimal risk of dental fluorosis.
  - She also noted that annual dental visits are not a good indication of oral health status because many people use them for emergency purposes or orthodontic care.

Oral Health (Cont'd)

- Given this information, would the Quality Council like to add *Topical Fluoride* and/or *Oral Evaluation* to the Measure Set to fill the oral health gap?

NQF # / Status	Measure Name	Steward	Measure Type	Description
2528 (Endorsed)	Topical Fluoride for Children	NCQA	Process	Percentage of members 1-20 years of age who received at least two topical fluoride applications during the MY.
2517 (Endorsed)	Oral Evaluation, Dental Services *(Medicaid Only)*	NCQA	Process	Percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the MY.

Outcomes for Persons with Multiple Chronic Conditions

- Unfortunately, we could not identify any outcome measures for persons with multiple chronic conditions. We did, however, identify the following process measure.

NQF # / Status	Measure Name	Steward	Measure Type	Description
NA	Follow-Up After Emergency Department Visit for People With High-Risk Multiple Chronic Conditions	NCQA	Process	Percentage of emergency department (ED) visits for members 18 years and older who have high-risk multiple chronic conditions who had a follow-up service within 7 days of the ED visit.

Note: *Plan All-cause Readmission* is already included in the Core Measure Set

Outcomes for Persons with Disabilities

- The CAHPS survey includes an optional item set focused on people with mobility impairments (PWMI), which can be added either to the CAHPS Health Plan Survey or the CAHPS Clinician & Group Survey.
  - The PWMI item set for both surveys contains questions that cover many topics relating to physical disabilities, including difficulty moving around the restroom, pain, fatigue, being weighed at the doctor's office, and being examined on the examination table.
  - Also, the PWMI set includes questions about getting physical/occupational/ speech therapy and mobility equipment.

Social Determinants of Health (SDOH) Measure

NQF # / Status	Measure Name	Steward	Measure Type	Description
NA	Social Needs Screening and Intervention	NCQA*	Process	Percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive. Six rates are reported: 1. Food screening 2. Food intervention 3. Housing screening 4. Housing intervention 5. Transportation screening 6. Transportation intervention

* Proposed as a new HEDIS measure for Measurement Year 2023 by NCQA. See the following slides for additional specification details.

OHS CONNECTICUT Office of Health Strategy

SDOH Measure (Cont'd)

- NCQA is considering phasing in the different components and modifying the follow-up time frame (currently 30 days).
- NCQA has a list of approved screening tools for each component, which it is considering expanding based on public comment.
  - NCQA also has a definition for what is considered a "positive need" based on each survey/question.
- The SDOH measure aligns with HL7 FHIR and can only be reported electronically.

SDOH Measure (Cont'd)

- The following are homegrown SDOH screening measures from Massachusetts and Rhode Island that do not require electronic reporting.

NQF # / Status	Measure Name	Steward	Measure Type	Description
NA	Health-Related Social Needs Screening	MA EOHHS	Process	The Health-Related Social Needs Screening is conducted to identify members who would benefit from receiving community services to address health-related social needs that include, but are not limited to: housing stabilization services; housing search and placement; utility assistance; transportation and food insecurity.
NA	Social Determinants of Health Screening	RI EOHHS	Process	Percentage of attributed patients who were screened for Social Determinants of Health using an EOHHS-approved screening tool, where the Accountable Entity has documented the screening and results.

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 initiate the systems change needed to collect these data.

Review Measure Specification Changes

Opportunity for Improvement

- A note before we begin discussing measure specification changes…
- Assessing opportunity for improvement for measures in the Aligned Measure Set is a routine step in the annual review process, usually done in tandem with reviewing measure specification changes.
- However, during this annual review **we will not be presenting 2020 data for quality improvement identification** due to the impact of COVID-19 on service utilization (and quality measure performance) in 2020.
- Beginning in 2023, assessing opportunity for improvement will once again be a regular step in the annual review process.

Final MY 2022 Measure Specification Changes

- During last year's annual review process, Bailit Health shared the proposed MY 2022 Measure Specification Changes with the Quality Council. These changes have since been finalized. Bailit Health does not recommend any measure set modifications based on these changes.
- Measures with major MY 2022 specification changes are in the table below.

Measure Name	Summary of Major MY 2022 Specifications Changes
Colorectal Cancer Screening*	• Revised the age range from 50-75 years of age to 45-75 years of age. • Added Medicaid reporting for administrative data collection only.
Controlling High Blood Pressure (BP)	• Clarifications to the numerator of the Hybrid Specifications: BP readings taken by the member are eligible for use in reporting, ranges and thresholds do not meet criteria, and "average BP" of 139/70 is eligible for use.

**Colorectal Cancer Screening's* major specification changes were released with the NCQA's technical specification update on March 31, 2022.

Proposed MY 2023 Measure Specification Changes

- In February, NCQA released proposed changes to HEDIS MY 2023 for public comment.
- Proposed changes relevant to the Quality Council's measure set are:
  - Addition of two new oral health measures *(discussed earlier)*
  - Release of new social needs-related measure *(discussed earlier)*
  - Expansion of required race and ethnicity stratification for select measures *(see next slide for details)*

REL Stratification

- NCQA required plans to stratify the following measures in the Core Measure Set by race & ethnicity for MY 2022:
  - *Controlling High Blood Pressure*
  - *Hemoglobin A1c Control for Patients with Diabetes (formerly Comprehensive Diabetes Care: HbA1c Control)*
  - *Colorectal Cancer Screening*
  - *Child and Adolescent Well-Care Visits*

- NCQA has proposed requiring plans to stratify the following measures in the Core Measure Set by race & ethnicity for MY 2023:
  - *Breast Cancer Screening*
  - *Immunizations for Adolescents*
  - *Asthma Medication Ratio* (may stratify by R & E across entire measure population or by age group)

Consider Size of 2023 Measure Set

- The following slide presents all the measures the Quality Council has recommended for inclusion in the 2023 Measure Set.
  - The 2023 Measure Set now includes **[X] measures** (plus one Medicaid-only measure).
  - During this annual review, the Quality Council recommended **adding [X] measures** and **removing [X] measures.**
- Does the Quality Council feel comfortable with the size of the Measure Set? Are there any measures that should be dropped to offset the additions?

Consider Size of 2023 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.

Update from DSS on *Person-Centered Primary Care Measure* (PCPCM) and *Substance Use Assessment in Primary Care*

Quality Council Brief

Brad Richards, MD MBA

CT Department of Social Services

Connecticut Department of Social Services
Making a Difference

HUSKY HEALTH CONNECTICUT

DSS Experience with PCPCM

Connecticut Department of Social Services
Making a Difference

HUSKY HEALTH CONNECTICUT

THE LARRY A. Green Center

PERSON-CENTERED PRIMARY CARE MEASURE

v 2.1-ENG

HOW WOULD YOU ASSESS YOUR PRIMARY CARE EXPERIENCE?	
My practice makes it easy for me to get care.	Definitely Mostly Somewhat Not at all
My practice is able to provide most of my care.	Definitely Mostly Somewhat Not at all
In caring for me, my doctor considers all factors that affect my health.	Definitely Mostly Somewhat Not at all
My practice coordinates the care I get from multiple places.	Definitely Mostly Somewhat Not at all
My doctor or practice knows me as a person.	Definitely Mostly Somewhat Not at all
My doctor and I have been through a lot together.	Definitely Mostly Somewhat Not at all
My doctor or practice stands up for me.	Definitely Mostly Somewhat Not at all
The care I get takes into account knowledge of my family.	Definitely Mostly Somewhat Not at all
The care I get in this practice is informed by knowledge of my community.	Definitely Mostly Somewhat Not at all
Over time, my practice helps me to stay healthy.	Definitely Mostly Somewhat Not at all
Over time, my practice helps me to meet my goals.	Definitely Mostly Somewhat Not at all

PCPCM Overview

Evaluating Person-Centered Care			
Aspects of Person-Centered Care	PCPCM Person-Centered Primary Care Measure	CAHPS Consumer Assessment of Healthcare Providers and Systems	GPPS General Practice Patient Survey
Access	✓	✓	✓
Advocate	✓		
Being known	✓	✓	
Community awareness	✓		
Comprehensive	✓		
Continuity	✓	✓	✓
Coordinated	✓		
Family context	✓		
Goal-oriented	✓		
Personalized	✓	✓	✓
Prioritizing	✓		
Trust	✓		✓
	11 person-centered care questions	22 patient experience questions	36 patient experience questions

Evaluating Health Care Experience			
Aspects of Health Care Experience	PCPCM Person-Centered Primary Care Measure	CAHPS Consumer Assessment of Healthcare Providers and Systems	GPPS General Practice Patient Survey
Access	✓	✓	✓
Caring			✓
Cleanliness			✓
Communication		✓	✓
Ease of Contact			✓
Education		✓	
Follow-up		✓	
Helpfulness		✓	✓
Overall Practice Satisfaction			✓
Overall Provider Rating		✓	
Privacy			✓
Respectfulness		✓	
Safety			✓
Time with Provider		✓	✓
Wait time			✓
	11 person-centered care questions	22 patient experience questions	36 patient experience questions

Connecticut Department of Social Services
Making a Difference

HUSKY HEALTH CONNECTICUT

Research Methodology Snapshot - Adult

Methodology Telephone / Digital	No. of Completes 2,719	No. of Questions 20*	Incentive None	Sample Provided by CHNCT
Target HUSKY Members	Quality Assurance Dual-level**	Margin of Error 1.8%	Confidence Level 95%	Research Dates Sept 9 - Dec 6, 2021

* This represents the total possible number of questions; not all respondents will answer all questions based on skip patterns and other instrument bias.
** Supervisory personnel, in addition to computer-aided interviewing platform, ensure the integrity of the data is accurate.

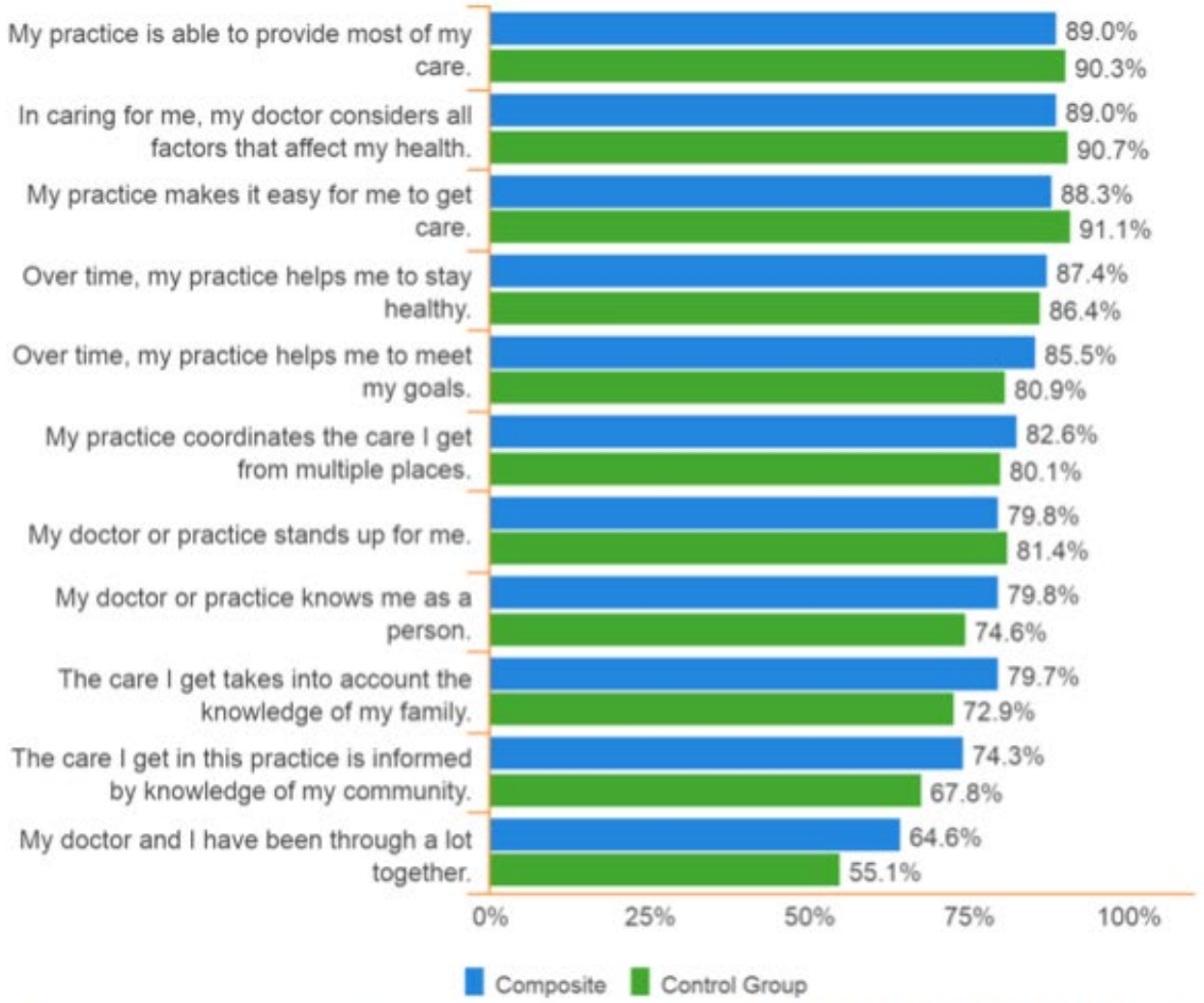
Connecticut Department of Social Services
Making a Difference

HUSKY HEALTH CONNECTICUT

Adult Primary Care Experience

Survey respondents in the composite group provided higher ratings for seven (7) of eleven (11) characteristics rated in the PCPCM survey as compared to the control group.

The largest increase in scores for the composite group over the control group was recorded for "my doctor and I have been through a lot together" (64.6% versus 55.1%), while the largest increase in scores for the control group over the composite group was recorded for "my practice makes it easy for me to get care" (91.1% versus 88.3%).



How would you assess your primary care experience? (Total "definitely" or "mostly")

Connecticut Department of Social Services
Making a Difference

HUSKY HEALTH CONNECTICUT

Research Methodology Snapshot - Child

Methodology Telephone / Digital	No. of Completes 2,719	No. of Questions 20*	Incentive None	Sample Provided by CHNCT
Target HUSKY Members	Quality Assurance Dual-level**	Margin of Error 1.8%	Confidence Level 95%	Research Dates Sept 9 - Dec 6, 2021

* This represents the total possible number of questions; not all respondents will answer all questions based on skip patterns and other instrument bias.
** Supervisory personnel, in addition to computer-aided interviewing platform, ensure the integrity of the data is accurate.

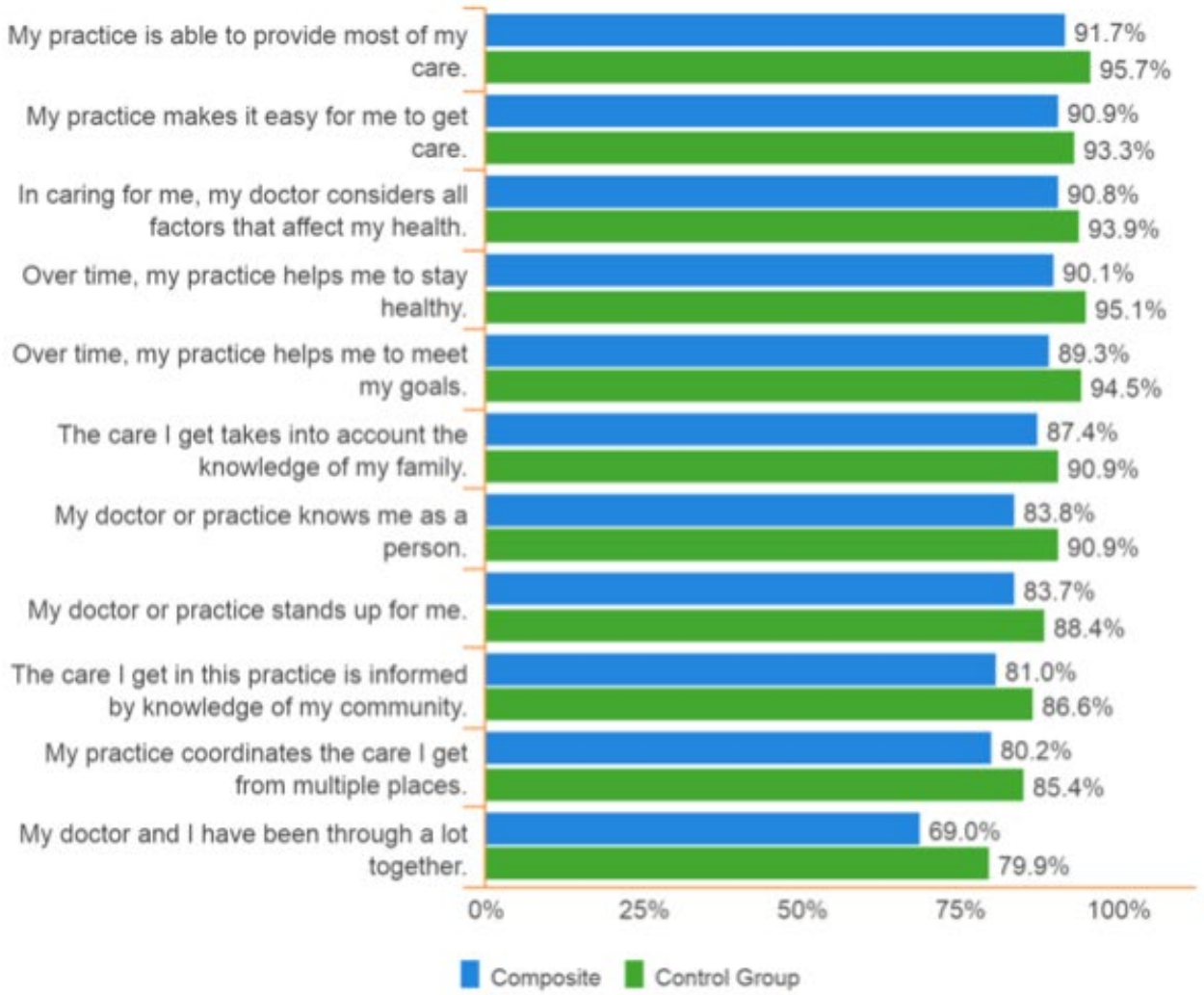
Connecticut Department of Social Services
Making a Difference

HUSKY HEALTH CONNECTICUT

Child Primary Care Experience

Survey respondents in the control group provided higher ratings for all eleven (11) characteristics rated in the PCPCM survey as compared to the composite group.

The largest increase in scores for the control group over the composite group was recorded for "my doctor and I have been through a lot together" (79.9% versus 69.0%).



How would you assess your primary care experience? (Total "definitely" or "mostly")

DSS Experience

- Brief survey leading to decreases in cost to administer
- Added demographic details to questions
- Uses doctor language rather than more inclusive primary care clinician/provider

Connecticut Department of Social Services
Making a Difference

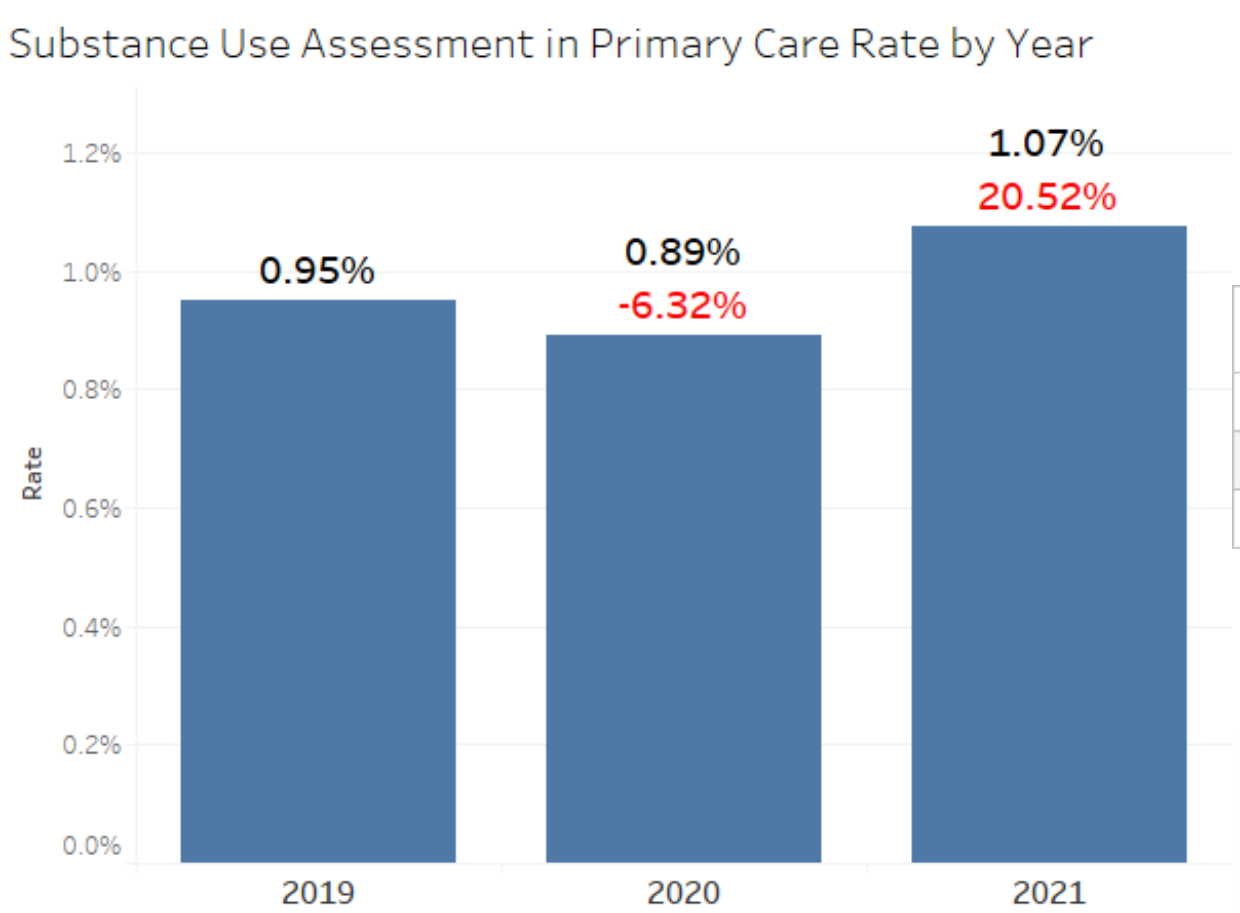
HUSKY HEALTH CONNECTICUT

DSS Data on Substance Use Assessment in Primary Care

Substance Use Assessment in Primary Care

- **Date**: April 4th, 2022
- **Methodology**: IEHP-Defined Quality Measure
- **Measure Description**: The percentage of members 18 years and older who were screened for substance use during the measurement year (2019 to 2021).
- **Denominator:** All Members aged 18 years and older during the measurement year. Continuous Enrollment Member counted only once in the denominator. (Exclusion: Dual Members, Inclusion: Con't Member)
- **Numerator:** Members who were screened for substance use at least once during the measurement year. (Only screened by PCP. PCP is defined by Provider_Type and Specialty_Type)
- **CODE set:** CPT(99408, 99409), HCPCS(G0396, G0397, G0442, G0443, H0049, H0050)
- **DATA Source**: DSS Financial and ASO Data Warehouse
- **Result:** The rate was 0.95% in 2019 and it went down to 0.89% due to the big increase in denominator while the numerator slightly increases. The rate increased to 1.07% in MY2021 thanks to the 49% increase in numerator (3,973 to 5,902) even though the denominator also increased by 23% (446,094 to 549,856).

Substance Use Assessment in Primary Care



	Measurement Year		
	2019	2020	2021
Denominator	394,231	446,094	549,856
Numerator	3,748	3,973	5,902
Rate	0.95%	0.89%	1.07%

Measure Selection Criteria for Selecting Core Measures

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

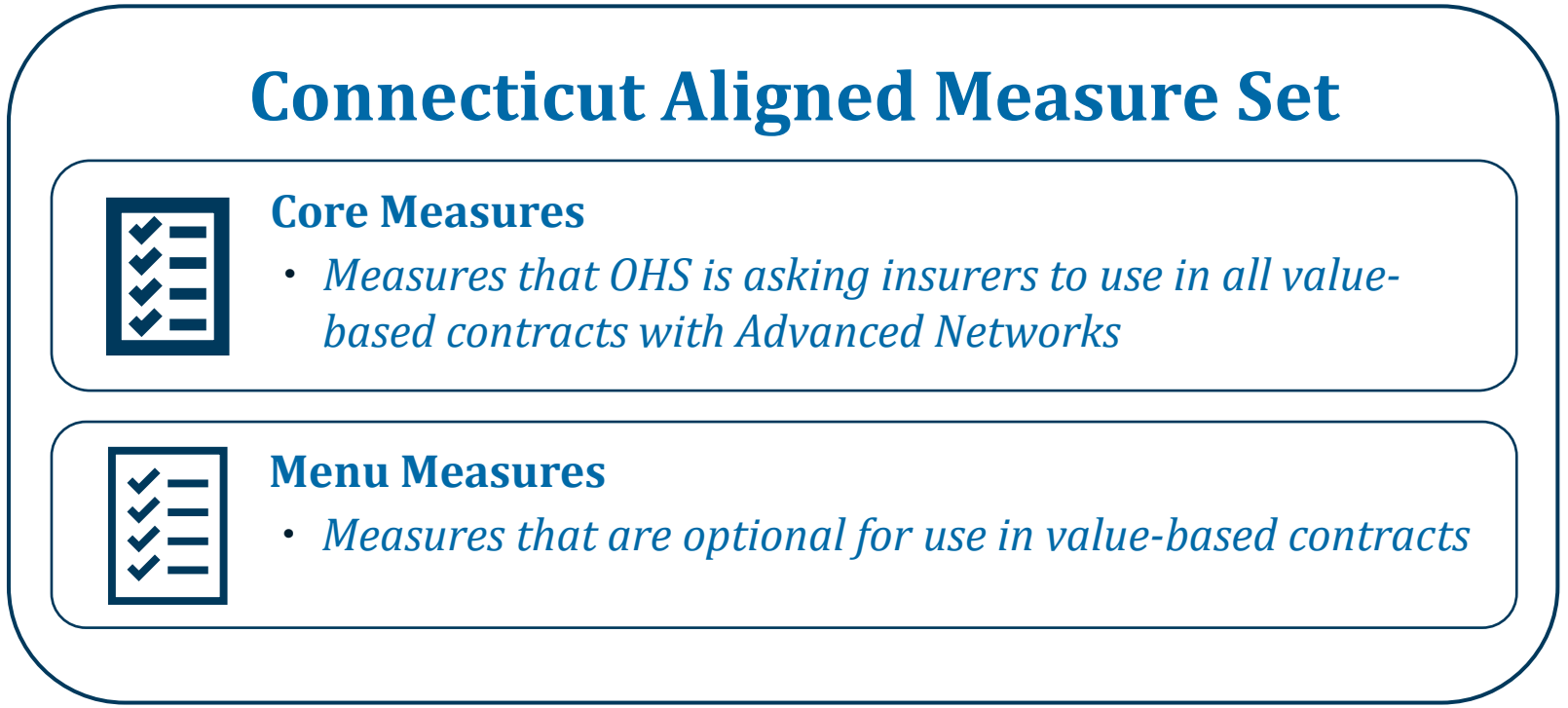
- **Annual measures and target values** that all public and private **payers, providers and the State** must work to achieve to improve healthcare quality in Connecticut
- The Quality Benchmarks are comprised of three measures for 2022-2023 and seven measures for 2024-2025

Adopting a "True" Core Measure Set

- During the March meeting, the Quality Council expressed support for adopting a "true" Core measure Set.
- **As a reminder**, adopting a "true" Core Measure Set would mean:
  - OHS would ask insurers to use the Core Measures in *all* value-based contracts with Advanced Networks.
  - Those current Core Measure Set measures not selected as Core Measures would be renamed "Menu Measures" and would be optional for use in value-based contracts. Insurers would be asked to limit their contracts to only Core and Menu measures.
  - The Quality Council would annually review the Core Measure Set and decide whether measures should be (a) added to the Core Set, (b) moved from Menu to Core or from Core to Menu status, or (c) removed from the Measure Set entirely.
  - OHS would continue to annually survey insurers for measures in use in value-based contracts with Advanced Networks to monitor fidelity to the Core Measure Set.

Renaming the Core Measure Set

- To avoid confusion, OHS has elected to rename the Quality Council's "Core Measure Set" to be the "CT Aligned Measure Set"



Note: The Council will discuss the desired relationship between the Core and Menu measures and the Quality Benchmark measures.

Selecting Core Measures for the 2023 Aligned Measure Set

- The Quality Council needs to select which of its 2023 measures should serve as Core Measures (this list does not include measures added/dropped today):

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.

Measure Selection Criteria for Selecting Core Measures

- To guide the Core Measure selection process, we recommend adopting measure selection criteria specific to the Core Measures.
- As a reminder, the Quality Council has two existing sets of measure selection criteria (revised during the 2021 annual review, and included on the following slides):
  - 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.

OHS CONNECTICUT Office *of* Health Strategy

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.

Example Core Measure Selection Criteria

- The Massachusetts Quality Measure Alignment Taskforce uses the following to select its Core Measures:
  1. No more than five in number
  2. Outcomes-oriented
  3. At least one measure focused on behavioral health
  4. Universally applicable to the greatest extend possible
  5. Crucial from a public health perspective
  6. Comprised of measures that are highly aligned across existing payer/ACO contract measures
  7. Enhances value*

*"Value" has different meanings from the perspectives of patients, purchasers and providers, but may include patient-centeredness, evidence-based, clinical effectiveness, and cost-effectiveness among other value attributes.

Proposed Measure Selection Criteria for Selecting Core Measures

- Bailit Health has drafted three proposed measure selection criteria for consideration, informed by the Quality Council's existing measure selection criteria and the Quality Benchmarks (see next slide).

Proposed Measure Selection Criteria for Selecting Core Measures (Cont'd)

1. Includes Quality Benchmark measures unless there is a compelling reason not to do so
   - As a reminder, the three Phase 1 Benchmark measures are *Asthma Medication Ratio*, *Controlling High Blood Pressure* and *HbA1c Poor Control*
2. Prioritizes outcome measures
3. Includes at least one health equity measure

- **What changes do the Quality Council propose to these draft Core Set measure selection criteria?**

Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps

- Select measures for the Core Measure Set
- Finalize the 2023 Aligned Measure Set
- Discuss a proposed implementation plan for strategies to improve performance on quality benchmarks

Appendix

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.