Quality Council
May 19, 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 April 21, 2022 Meeting Minutes—Vote
4:20 p.m.	Finish Considering Candidate Measures to Fill Identified Gaps
4:45 p.m.	Finalize 2023 Aligned Measure Set
5:00 p.m.	Discuss Measure Selection Criteria for Selecting Core Measures
5:20 p.m.	Select Core Measures
5:40 p.m.	Discuss Implementation Plan for Strategies to Improve Performance on Quality Benchmarks
5:55 p.m.	Wrap-up & Next Steps
6:00 p.m.	Adjourn

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Public Comment

Approval of April 21, 2022 Meeting Minutes—Vote

OHS Update

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.

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Gap Analysis

- During the past three meetings, the Quality Council has been discussing measures to fill previously identified priority gaps in the Measure Set (no measures have been added or removed).
- We will finish discussing measures for the following gaps today:
  - Care coordination
  - Oral health
  - SDOH screening
- We will also present opportunity for improvement and equity research for each measure gap.

REL: race, ethnicity and language

SDOH: social determinants of health

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

- During the April meeting, the Quality Council discussed three measures to fill the care coordination gap:

Measure Name	Steward	Measure Type	Description
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
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.
Transitions of Care *(Medicare-only)*	NCQA	Process	Percentage of discharges for members 18 and older who had each of the following: (1) notification of inpatient admission, (2) receipt of discharge information, (3) patient engagement after inpatient discharge, (4) medication reconciliation post-discharge.

Care Coordination (Cont'd)

- During the April meeting, the Quality Council requested opportunity for improvement and disparities information for measures being considered to filled gaps.
- **Opportunity for improvement:**
  - Bailit Health was not able to identify CT performance on any of the specific care coordination measures being considered, however we did identify performance on the following general care coordination measures:

Measure (Data Source/Market)	2019
Adult CAHPS (Quality Compass, Commercial): How often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health provider?	83.3% *(between National 25th-50th percentile)*
Adult PCMH CAHPS (DSS PCMH+ Program, Medicaid): Providers being up-to-date on care received from specialists.	90.4%

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Care Coordination (Cont'd)

- During the April meeting, the Quality Council requested opportunity for improvement and disparities information for measures being considered to filled gaps.
- **Disparities:**
  - Bailit Health was not able to identify CT-specific disparities on the care coordination measures, however, we know the following from work in other states:
    - A MA health system performance evaluation (2018-2019) found that outpatient adult and pediatric CG-CAHPS Care Coordination composite scores for **Black, Hispanic, Asian, and multiracial patients** were lower than scores for white patients and Care Coordination scores for **non-English-speaking patients** were lower than for English-speaking patients (MGH Annual Report on Equity in Health Care Quality).

Care Coordination (Cont'd)

- The Quality Council expressed interest in *Transitions of Care*, but there was uncertainty about:
  1. whether the measure could be applied in Commercial and Medicaid contracts, and
  2. whether measure implementation would be overly burdensome given it requires medical record review
- Bailit Health researched both questions. Our learnings are summarized on the following slides.

Care Coordination (Cont'd)

- Bailit Health reached out to NCQA to determine whether this measure could be applied to Commercial and Medicaid contracts, and learned the following:
  - NCQA developed this measure recognizing that medication issues and care transitions are more prevalent in the senior and Medicare populations.
  - NCQA does not have current plans to include this measure in other product lines; however, the measure could be adjusted to look at other product lines or specific patient populations for internal analyses only (i.e., may not be used for HEDIS public reporting).
  - The instructions for how to adjust product lines are included in the Allowable Adjustments of the *Transitions of Care* measure specifications.

Care Coordination (Cont'd)

- Bailit Health reached out to three payers to learn about their experience with *Transitions of Care* (TRC) in Medicare Advantage.
- Bailit Health heard back from UnitedHealthcare, which shared the following:
  - UnitedHealthcare shared that three of TRC's components are difficult to implement and track outside of manual record review. The fourth component, *Medication Reconciliation Post-Discharge* (MRP), can be measured using CPT codes.
    - **MRP (former HEDIS standalone measure)**: *Percentage of discharges from January 1–December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).*

Care Coordination (Cont'd)

- **Given this information, does the Quality Council recommend adding *Transitions of Care,* or any of the other care coordination measures, to the 2023 Aligned Measure Set?**

Measure Name	Steward	Description
Closing the Referral Loop: Receipt of Specialist Report	CMS	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
Timely Follow-up After Acute Exacerbations of Chronic Conditions	IMPAQ	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.
Transitions of Care *(Medicare-only)*	NCQA	Percentage of discharges for members 18 and older who had each of the following: (1) notification of inpatient admission, (2) receipt of discharge information, (3) patient engagement after inpatient discharge, (4) medication reconciliation post-discharge.

Oral Health

- During the April meeting, the Quality Council considered *Topical Fluoride* and *Oral Evaluation* to fill the oral health gap.
  - Both measures are specified as Medicaid-only measure, thus Bailit Health does not recommend adding either to the Aligned Measure Set.

NQF # / Status	Measure Name	Steward	Measure Type	Description
2528 (Endorsed)	Topical Fluoride for Children (*Medicaid Only)*	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

Social Determinants of Health (SDOH) Measure

- During the April meeting, the Quality Council considered three SDOH screening measures:
  1. *Social Needs Screening and Intervention* (NCQA)
  2. *Health-Related Social Needs Screening* (MA EOHHS)
  3. *Social Determinants of Health Screening* (RI EOHHS)
- Given the NCQA measure has not been finalized, the Quality Council recommended adopting either the MA or RI SDOH measure.
- The Quality Council requested a more detailed comparison of MA and RI's measures, which we present on the following slides.

Comparison of MA and RI SDOH Measures

	Massachusetts	Rhode Island	Comparison
Stratification	None	None	Same
Anchor date	December 31st of the measurement year	December 31st of the measurement year	Same
Lookback period	12 months	12 months	Same
Data source	Clinical data	Clinical data	Same
Setting of the Screen	Clinical and nonclinical settings	Clinical and nonclinical settings	Same
Approved Screening Tools	EOHHS must approve the screening tool	EOHHS must approve the screening tool	Same

Comparison of MA and RI SDOH Measures (Cont'd)

	Massachusetts	Rhode Island	Comparison
Product Lines	Medicaid	Medicaid, Commercial	Different
Ages	ACO attributed members 0 to 64 ages as of December 31st of the measurement year	All ages	Different
Continuous enrollment	The measurement year	Enrolled in the MCO for 11 out of 12 months during the measurement year	Different
Allowable gap	No more than one gap in enrollment of up to 45 days during the measurement year	No break in coverage lasting more than one month	Different
Exclusions	Members in hospice	• Patients in hospice care • Refused to participate	Different
Data collection method	Sample	Full population	Different

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Comparison of MA and RI SDOH Measures (Cont'd)

	Massachusetts	Rhode Island	Comparison
Documentation	Requires documentation of screening in a care management platform or health record with no specific requirement that data be included in the EHR	Requires that the EHR contains the documentation of the completion of a screen, as well as results of the screen. Specifications allow for full results to either be embedded or scanned (e.g., as a PDF attachment) into the record.	Different
Unit of measurement	Individual	Screens should be performed at the individual patient level for adults and adolescents. Screens may be performed at the individual patient level or the household level for all children 12 and under residing in one household, so long as the screening is documented in each child's medical record.	Different

Comparison of MA and RI SDOH Measures (Cont'd)

	Massachusetts	Rhode Island	Comparison
Numerator	ACO-attributed members 0 to 64 years of age who were screened for health-related social needs in the measurement year	Individuals attributed to the primary care clinician who were screened for social determinants of health once per measurement year and for whom results are in the primary care clinician's EHR	Different
Denominator	A systematic sample drawn from the eligible population	The eligible population	Different
Event/diagnosis	None	The patient has been seen by an AE/ACO-affiliated primary care clinician anytime within the last 12 months	Different

Comparison of MA and RI SDOH Measures (Cont'd)

	Massachusetts	Rhode Island	Comparison
Domains	**Core Domains:** The following domains must be completed and results must be reported to EOHHS in order to satisfy the measure: • Food • Housing • Transportation • Utilities **Supplemental Domains:** At least one of the following domains must be completed: • Employment, training, or education • Experience of violence • Social supports	**Required Domains:** • Housing insecurity • Food insecurity • Transportation • Interpersonal violence • Utility assistance **Note:** If primary care clinicians are conducting the screen during a telephone visit, e-visit, or virtual check-in or independent of a visit, they may use their discretion whether to ask questions related to interpersonal violence. The interpersonal violence domain must, however, be included for screens administered during in-person visits.	Different

Given this information, which measure does the Quality Council recommend adding to the 2023 Aligned Measure Set?

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 includes **26 measures** (plus two Medicaid-only measure).
  - During this annual review, the Quality Council recommended **adding two measures** and **removing zero 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
27. Transitions of Care
28. SDOH Screening

*Medicaid-only measure.

Measure Selection Criteria for Selecting Core Measures

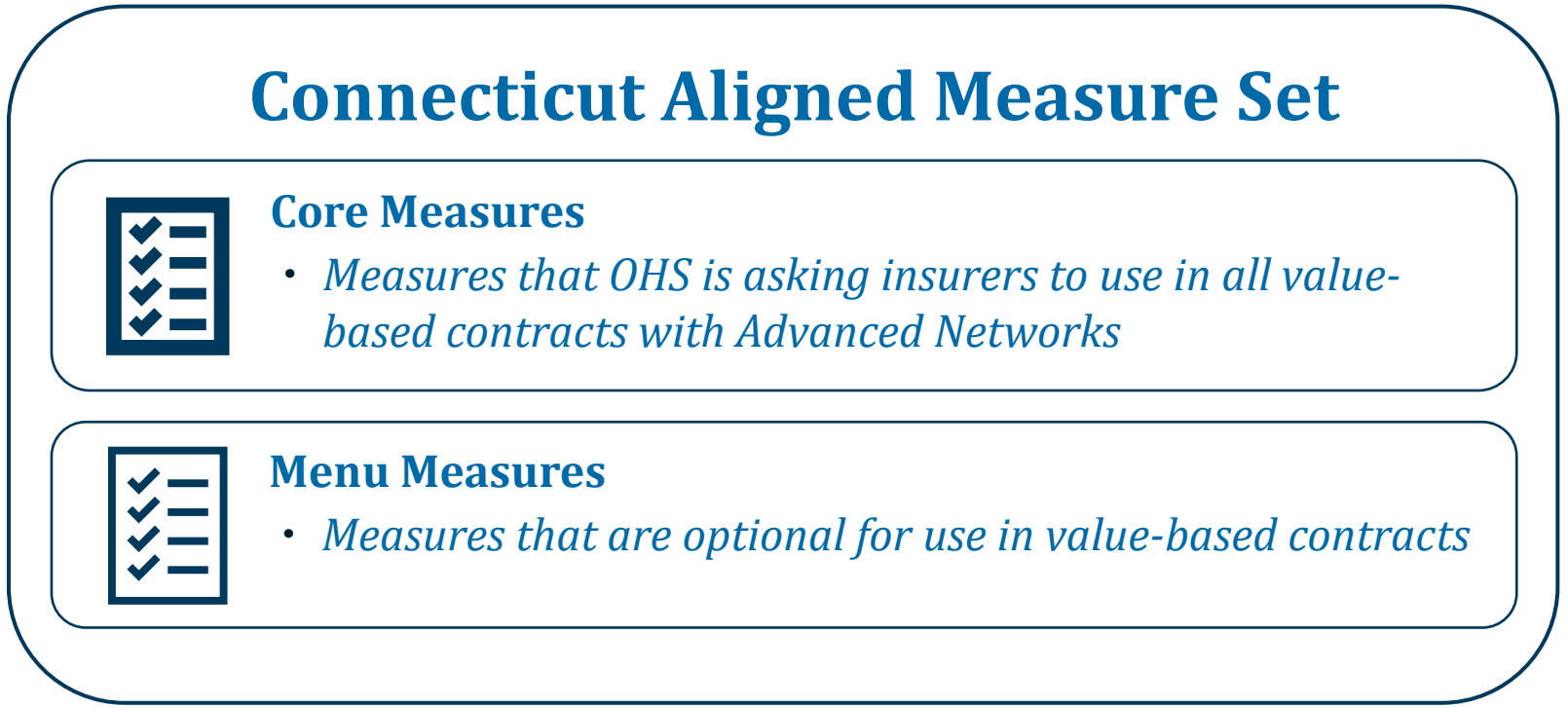
Reminder: Adopting a "True" Core Measure Set

- 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 means:
  - OHS will 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 will be renamed "Menu Measures" and will be optional for use in value-based contracts. Insurers will be asked to limit their contracts to only Core and Menu measures.
  - The Quality Council will 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 will continue to annually survey insurers for measures in use in value-based contracts with Advanced Networks to monitor fidelity to the Core Measure Set.

Reminder: Renaming the Core Measure Set

- To avoid confusion, OHS renamed 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

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
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26. Health Equity Measure
27. Transitions of Care
28. SDOH Screening

*Medicaid-only measure.

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Measure Selection Criteria for Selecting Core Measures

- During the April meeting, the Quality Council began discussing 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**.

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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.

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Core Measure Selection Criteria Survey

- Following the April meeting, OHS circulated a survey asking Quality Council members to indicate their preference for Core Measure selection criteria, from the following options:
  1. three criteria proposed by Bailit Health during the April meeting
  2. two criteria proposed by Quality Council members during the April meeting
  3. the seven Core Measure selection criteria used by the MA Quality Measure Taskforce
  4. any additional write-in options
- 14 Quality Council members responded to the survey.
- The results of the survey are presented on the following slide.

Core Measure Selection Criteria Survey (Cont'd)

Criteria ***Only those receiving support from over half of respondents are shown***	**Source**	**Responses (n=14)**
1. Includes Quality Benchmark measures unless there is a compelling reason not to do so*	Bailit Health recommendation	11
2. One Core Measure from each of the broad measure categories/at least one measure focused on behavioral health	Quality Council member suggestion/ MA Measure Alignment Taskforce	10/9
3. Includes at least one health equity measure	Bailit Health recommendation	9
4. Outcomes-oriented/prioritizes outcome measures	MA Measure Alignment Taskforce/ Bailit Health recommendation	9/8
5. Crucial from a public health perspective	MA Measure Alignment Taskforce	9

*The three Phase 1 Benchmark measures are *Asthma Medication Ratio*, *Controlling High Blood Pressure* and *HbA1c Poor Control*

Core Measure Selection Criteria Survey (Cont'd)

- Based on the survey rankings, Bailit Health's proposed Core Measure selection criteria are:
  1. Includes Quality Benchmark measures unless there is a compelling reason not to do so
  2. Includes one Core Measure from each of the broad measure categories *(including behavioral health; other categories TBD)*
  3. Includes at least one health equity measure
  4. Outcomes-oriented
  5. Crucial from a public health perspective

Select Core Measures

Select Core Measures

- **Core Measure Selection Criterion #1:** Includes Quality Benchmark measures unless there is a compelling reason not to do so
- **Measures in the Aligned Measure Set that fit this criterion**:
  - Phase 1 Measures (effective January 1, 2022):
    - *Asthma Medication Ratio*
    - *Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9%)**
    - *Controlling High Blood Pressure**
  - Phase 2 Measures (effective January 1, 2024):
    - *Child and Adolescent Well-Care Visits*
    - *Follow-up After Emergency Department Visit for Mental Illness (7-day)*
    - *Follow-up After Hospitalization Visit for Mental Illness (7-day)*

*Outcome measure

Select Core Measures (Cont'd)

- **Core Measure Selection Criterion #2:** One Core Measure from each of the broad measure categories, minimally including behavioral health
- **Categories:**
  1. Behavioral Health*
  2. Chronic Disease
  3. Consumer Engagement
  4. Maternal Health*
  5. Patient Safety*
  6. Pediatric*
  7. Prevention

*Quality Council members indicated these categories were of particular interest during discussion about Core Measure selection criteria

Select Core Measures (Cont'd)

Category	Measures from Aligned Measure Set
Behavioral Health	• *Concurrent Use of Opioids and Benzodiazepines* • *Follow-up After Hospitalization for Mental Illness (7-Day)**** • *Follow-up After ED Visit for Mental Illness (7-Day)**** • *Screening for Depression and Follow-up Plan* • *Substance Use Assessment in Primary Care* • *Use of Pharmacotherapy for Opioid Use Disorder*
Chronic Illness	• *Eye Exam for Patients with Diabetes* • *Controlling High Blood Pressure*** • *Hemoglobin A1c (HbA1c) Control***
Consumer Engagement	• *PCMH CAHPS Survey*
Maternal Health	• *Prenatal & Postpartum Care*
Patient Safety	• *Plan All-Cause Readmission**

*Outcome measure
** Phase 1 Quality Benchmark Measure
*** Phase 2 Quality Benchmark Measure

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Select Core Measures (Cont'd)

Category	Measures from Aligned Measure Set
Pediatric/Adolescent	• *Child and Adolescent Well-Care Visit**** • *Developmental Screening in the First Three Years of Life* • *Follow-Up Care for Children Prescribed ADHD Medication* • *Well-Child Visits in the First 30 Months of Life* • *Immunizations for Adolescents (Combo 2)*
Prevention	• *Breast Cancer Screening* • *Cervical Cancer Screening* • *Chlamydia Screening* • *Colorectal Cancer Screening*

*Outcome measure
** Phase 1 Quality Benchmark Measure
*** Phase 2 Quality Benchmark Measure

Select Core Measures (Cont'd)

- **Core Measure Selection Criterion #3:** Includes at least one health equity measure
- **Measures in the Aligned Measure Set that fit this criterion**:
  - *Health Equity Measure*

Select Core Measures (Cont'd)

- **Core Measure Selection Criterion #4:** Outcomes-oriented/ prioritizes outcome measures
- **Measures in the Aligned Measure Set that fit this criterion**:
  - *Controlling High Blood Pressure**
  - *Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9%)**
  - *Plan All-Cause Readmission*

* Phase 1 Quality Benchmark Measure

Measures Aligning with Proposed Core Measure Selection Criterion

- Measures aligning with three criterion:
  1. *Controlling High Blood Pressure*
  2. *Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9%)*

- Measures aligning with two criterion:
  1. *Child and Adolescent Well-Care Visits*
  2. *Follow-up After Hospitalization for Mental Illness (7-Day)*
  3. *Follow-up After ED Visit for Mental Illness (7-Day)*
  4. *Plan All-cause Readmission*

Measures Aligning with Proposed Core Measure Selection Criterion (Cont'd)

- Measures aligning with one criterion:

1. *PCMH CAHPS Survey*
2. *Breast Cancer Screening*
3. *Cervical Cancer Screening*
4. *Chlamydia Screening in Women*
5. *Colorectal Cancer Screening*
6. *Immunizations for Adolescents (Combo 2)*
7. *Developmental Screening in the First Three Years of Life*
8. *Well-child Visits in the First 30 Months of Life*
9. *Prenatal and Postpartum Care*
10. *Screening for Depression and Follow-up Plan*
11. *Asthma Medication Ratio*
12. *Eye Exam for Patients with Diabetes*
13. *Follow-up Care for Children Prescribed ADHD Medication*
14. *Substance Use Assessment in Primary Care*
15. *Concurrent Use of Opioids and Benzodiazepines*
16. *Use of Pharmacotherapy for Opioid Use Disorder*
17. *Health Equity Measure*

Selecting Core Measures from 2023 Aligned 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
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10. **Child and Adolescent Well-care Visits**
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25. Use of Pharmacotherapy for Opioid Use Disorder
26. Health Equity Measure
27. Transitions of Care
28. SDOH Screening

*Medicaid-only measure.

Bolded measures have been selected as Core Measures

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Discuss Implementation Plan for Strategies to Improve Performance on Quality Benchmarks

Strategies to Improve Performance on Quality Benchmarks

- During the February meeting, the Quality Council discussed which strategies OHS and the Quality Council should prioritize to improve performance on the Quality Benchmarks.
- OHS and Bailit Health have created the following implementation plan for the strategies based on the Quality Council's feedback and taking into consideration OHS' time and resource constraints.
- The strategies are grouped into two categories:
  1. Strategies to prioritize implementing *(6 strategies)*
  2. Strategies to work towards implementing after priority strategies are complete or when additional funding becomes available *(3 strategies)*

Strategies to Improve Performance on Quality Benchmarks (Cont'd)

Strategies to prioritize implementing

Strategy	Activities
1. Create a true set of "core measures", including the Quality Benchmark Measures as Core Measures *(This strategy is underway for 2023 implementation.)*	• The Quality Council will annually update measures in the Core Measure Set • OHS will annually conduct a measure use survey to determine fidelity to the Core Measure Set • OHS will annually share fidelity scores with insurers and then report fidelity scores to the Quality Council and Healthcare Benchmark Initiative Steering Committee.
2. Have the Office of the State Comptroller (OSC) adopt the Quality Benchmarks in its contracts *(This strategy is underway for 2023 implementation.)*	• OHS will meet with OSC annually to discuss alignment with Quality Benchmarks, including sharing measure specifications and how to obtain benchmark data.

Strategies to Improve Performance on Quality Benchmarks (Cont'd)

Strategies to prioritize implementing (cont'd)

Strategy	Activities
3. Public reporting of Advanced Network and payer performance on the Quality Benchmarks annually with Cost Growth Benchmark performance and on HealthscoreCT	• OHS will annually prepare data submission instructions and reporting template • Payers will annually report on Quality Benchmark performance at the payer and provider level • OHS will annually validate, analyze, and report on Advanced Network and payer performance to the Quality Council
4. Public recognition of providers and payers that are performing well and/or demonstrating improvement on the Quality Benchmarks	• OHS will determine appropriate public recognition • OHS will annually determine which payers and providers are performing well/demonstrating improvement

Strategies to Improve Performance on Quality Benchmarks (Cont'd)

Strategies to prioritize implementing (cont'd)

Strategy	Activities
5. Partner with other agencies on a PR and education campaign	• OHS will create communication materials about the Quality Benchmarks • OHS will partner with other agencies to coordinate dissemination • OHS will host a webinar with subject matter experts on each Quality Benchmark measure
6. Create a toolkit to give to provider organizations	• OHS will solicit input from Quality Council on best practices for each Quality Benchmark measure • OHS will conduct additional research into external resources for each Quality Benchmark measure • OHS will develop a toolkit with resources and best practices for each Quality Benchmark measure

Strategies to Improve Performance on Quality Benchmarks (Cont'd)

Strategies to work towards implementing after priority strategies are complete or when additional funding becomes available

Strategy	Activities
1. Increase provider use of (and insurer support for) community health workers (CHWs) and/or health coaches focused on the Phase 1 Quality Benchmark topics and targeted in communities of greatest need	• OHS will meet with payers and ask them to invest in this model • OHS will develop a toolkit for how to deploy the model • OHS will facilitate payer learning collaboratives on the topic
2. Optimize correct reporting of quality measures	• OHS will partner with payers and providers to develop a resource document and training on how to improve documentation relative to the three Phase 1 measures

Strategies to Improve Performance on Quality Benchmarks (Cont'd)

Strategies to work towards implementing after priority strategies are complete or when additional funding becomes available (cont'd)	
Strategy	**Activities**
3. Expand existing evidence-based (clinical improvement) programs associated with the Benchmarks	• OHS will research any CT evidence-based programming/policies focused on the Phase 1 measures • OHS will survey and/or interview leading provider organizations about programs/policies • OHS will meet with relevant agencies to discuss if/how they can be scaled

Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps

- Continue discussing a proposed implementation plan for strategies to improve performance on quality benchmarks
- Present results of Quality Council Insurer Survey

Update: The Quality Council will not be meeting in July.