Quality Council

Meeting Date	Meeting Time	Location
May 19, 2022	4:00 pm – 6:00 pm	Zoom Meeting Recording

Participant Name and Attendance | Council Members					
Susannah Bernheim	R	Amy Gagliardi	X	Andy Selinger (Co-Chair)	R
Amy Bethge	R	Karin Haberlin	R	Marlene St. Juste	R
Rohit Bhalla	X	Danyal Ibrahim	R	Daniel Tobin	X
Ellen Carter	R	Michael Jefferson	R	Alison Vail	R
Elizabeth Courtney	X	Paul Kidwell	R	Steve Wolfson	R
Monique Crawford/Stephanie De Abreu	X	Jeffrey Langsam/Doug Nichols	X		
Sandra Czunas	R	Joe Quaranta	R		
Lisa Freeman	R	Brad Richards	R		
Supporting Leadership & Other Participants					
Hanna Nagy, OHS	R	Michael Bailit, Bailit Health	R	Grace Flaherty, Bailit Health	R
Jeannina Thompson, OHS	R	**R** = Attended Remotely; **IP** = In Person; **X** = Did Not Attend			

Agenda

	Topic	Responsible Party	Time
1.	**Call to Order**	**Andy Selinger**	**4:00pm**
	Chair Andy Selinger called the meeting to order at 4:02pm. Andy noted that going forward, Quality Council members should state their names before making a comment. Andy also announced that Dr. Danyal Ibrahim, Regional Chief Quality Officer of Trinity Health of New England, is to be an official member of the Quality Council.		
2.	**Public Comment**	**Attendees**	**4:05pm**
	Andy Selinger welcomed public comment. There was none.		
3.	**Council Action: Approval of April 21, 2022 Minutes**	**Council Members**	**4:15pm**
	Steve Wolfson motioned to approve the April 21st meeting minutes. Andy Selinger seconded the motion. No one objected to or abstained from approving the meeting minutes. The motion passed.		
4.	**Finish Considering Candidate Measures to Fill Identified Gaps**	**Hanna Nagy & Michael Bailit**	**4:20pm**
	Hanna Nagy shared a legislative update from OHS. Hanna said that the Benchmark bill, which incorporated the components of Executive Order No. 5 – the Cost Growth Benchmark, the Primary Care Spend Target, the data use strategy, and the Quality Benchmarks - was signed into law on May 7th. Hanna said the bill calls for OHS to develop and adopt the next set of Quality Benchmarks by July 2025 and every five years thereafter. Hanna said OHS would host at least one informational hearing before the adoption of the next five-year benchmarks. Hanna said the OHS will collect the first set of Quality Benchmark data from payer and provider entities by August 2023 (for CY 2022 Quality Benchmarks) and data will be reported out by March 31st of 2024. Michael Bailit reminded the Quality Council that during the past three meetings the group had discussed measures to fill previously identified gaps in the Measure Set, but no measures were added or removed.		

Michael said the Quality Council would finish discussing the measures for the care coordination, oral health, and social determinants of health (SDOH) screening gaps during the present meeting.

Care Coordination

Michael Bailit reminded the Quality Council that it was considering three measures to fill the care coordination gap: (1) *Closing the Referral Loop*, (2) *Timely Follow-up After Acute Exacerbations of Chronic Conditions*, and (3) *Transitions of Care*. Michael shared opportunity for improvement and disparities data on care coordination.

Michael also shared follow-up research on *Transitions of Care.* Michael reminded the Quality Council that NCQA specified *Transitions of Care* as a Medicare measure. Michael shared that Bailit Health had reached out to NCQA since the prior meeting to determine whether this measure could be applied to Commercial and Medicaid contracts. Michael reported NCQA stated that the measure could be used for other lines business but not for public reporting. Michael also shared that Bailit Health reached out to three payers to learn about their experience with *Transitions of Care.* Michael said they learned from UnitedHealthcare that three of *Transitions of Care's* components were difficult to implement due to the need for a manual record review, but the fourth component (*Medication Reconciliation Post-Discharge*) can be measured using CPT codes.

- Steve Wolfson supported inclusion of *Transitions of Care* because, based on his clinical experience, care coordination is where the majority of medical errors occur.
- Joseph Quaranta noted that the method by which *Medication Reconciliation Post-Discharge* was recorded by claims is by using a non-standard secondary code, so there would be a provider learning curve. Michael said that if the other rates required medical record review, it may be reasonable to do medical record review for *Medication Reconciliation Post-Discharge* too.
- Danyal Ibrahim supported adding *Transitions of Care* but also suggested the Agency for Healthcare Research and Quality's (AHRQ) *Potentially Avoidable Hospitalizations* measure, which can be applied to dually enrolled patients who are more vulnerable. Michael said the Quality Council did not have time to consider a new care coordination measure during the 2022 Annual Review, but it could consider the AHRQ measure during the 2023 Annual Review.
- Lisa Freeman supported adding *Transitions of Care,* noting that the Joint Commission established that transitions of care are where there is a breakdown of communication between providers.
- Alison Vail supported *Transitions of Care* but noted it would be a heavy lift to implement.
- Michael asked the payers in the Quality Council to comment on *Transitions of Care*.
- Michael Jefferson said that other than looking through charts there would be no easy way to capture the data. Michael Bailit asked if the measure was worth the burden of data acquisition. Michael Jefferson said he did see the measure's value but said it would be burdensome.
- Amy Bethge said, from the payer perspective, because *Transitions of Care* is a Medicare Star Ratings measure, ConnectiCare/Emblem Health would be willing to include it, but it would require solid hospital and provider partnerships because of the necessary manual record review.
- Lisa Freeman said there may be an economic benefit to using *Transitions of Care* because improving care coordination may save money, in addition to improving patients' quality of life.
- **Recommendation:** The Quality Council recommended adding *Transitions of Care* to the Aligned Measure Set to fill the care coordination measure gap.
- **Next Steps:** OHS will bring the Agency for Healthcare Research and quality (AHRQ) *Potentially Avoidable Hospitalizations* measure to the Quality Council for consideration during the 2023 Annual Review.

Oral Health

Michael Bailit reminded the Quality Council that during past meetings it had considered *Topical Fluoride for Children* and *Oral Evaluation Dental Services* to fill an oral health measure gap. Michael shared that the measures are designed for Medicaid only and require access to dental claims. For this reason, the measures are not feasible for commercial insurers.

- Lisa Freeman asked whether the Quality Council could recommend surveys be conducted of the adult population about dental care. Michael said that it was not the practice of the Quality Council to create measures.

- Andy Selinger asked whether the measures being proposed as new HEDIS measures for measurement Year (MY) 2023 made a difference for their usability in a commercial population. Michael said no, the measures would still be designated as Medicaid-only measures and would still require dental claims.
- Steve Wolfson noted the importance of oral health for overall health and that there was no effective means of communication between dental providers and physicians.

Social Determinants of Health (SDOH) Measure

Michael Bailit reminded the Quality Council that during the April meeting, the group considered three SDOH screening measures: *Social Needs Screening and Intervention* (NCQA), *Health-Related Social Needs Screening* (MA EOHHS), and *Social Determinants of Health Screening* (RI EOHHS). Michael said that since the NCQA measure had not been finalized and required use of electronic data, the Quality Council recommended adopting either the MA or RI SDOH measure. Michael presented a comparison of the MA and RI SDOH measures, sharing where the measures were the same and where they differed.

- Alison Vail said she supported adding an SDOH screening measure.
- Andy Selinger supported adding an SDOH screening measure and added that Yale was one of the grant funders of the Unite Us, a national organization operating an SDOH information and referral platform.
- Susannah Bernheim asked about screening frequency, because frequently asking patients about SDOH information could be harmful. Michael Bailit said screening frequency was defined by internal organizational procedures. Susannah also noted that there were other nationally recognized tools being developed and cautioned against created a homegrown measure too soon. Susannah wondered if the Quality Council could create a measure that evaluates whether organizations were planning for SDOH screening. Michael said the Quality Council had not been in the business of creating measures. Michael noted that neither SDOH screening measure was excessively restrictive about screening tool use.
- Lisa Freeman asked if the Quality Council could combine aspects of the RI and MA SDOH screening measures (e.g., combining domains).
- Steve Wolfson noted that translation services in health care have become more ubiquitous and easily accessible.
- Ellen Carter asked whether there were data from either state showing the benefits of integrated referral networks. Michael said RI Medicaid and RI providers established Unite Us as a referral platform. Michael said the data collection on whether a screen was performed was still coming from the EHR. Ellen also suggested a learning collaborative to help providers.
- Susannah Bernheim noted that CMS proposed five domains (food, housing, transportation, utilities and interpersonal violence) as the domains for which hospitals would be required to screen. Susannah also supported the idea of a learning collaborative.
- Michael noted that he was not hearing strong advocacy for either measure or for the addition of an SDOH measure.
- Marlene St. Juste, Andy Selinger, Steve Wolfson, Lisa Freeman and Alison Vail supported adding an SDOH screening measure.
- Michael went back through the RI and MA measures and asked for Quality Council feedback on the main differences:

Category	Massachusetts	Rhode Island	Quality Council recommendation
Data collection method	Sample	Full population	Sample (MA)
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 the screen, as well as the results of the screen. Specifications allow for full results to either be	Requires documentation of screening in the health record with no specific requirement that data be included in the EHR (combination of MA and RI)

		embedded or scanned (e.g., as a PDF attachment) into the record.	
Unit of measurement	Individual	Screens may be performed at the individual patient level or the household level for all children 12 and under.	Individual (MA)
Event/diagnosis	None	The patient has been seen by an AE/ACO-affiliated primary care clinician anytime within the last 12 months.	The patient has been seen by an affiliated primary care clinician anytime within the last 12 months. (RI)
Domains	Food, housing, transportation, utilities and at least one additional domain (employment, experience of violence, or social supports)	Housing insecurity, food insecurity, transportation, interpersonal violence, and utility assistance	Housing insecurity, food insecurity, transportation, interpersonal violence, and utility assistance (RI)

- **Next step**: Bailit Health will take the Quality Council's specification recommendations and create an SDOH screening measure unique to Connecticut.

5.	**Finalize 2023 Aligned Measure Set**	**Michael Bailit**	**4:45pm**

Michael Bailit asked the Quality Council to consider the size of the Measure Set and asked the Quality Council members whether they wanted to drop any measures to offset the two additions (*Transitions of Care* and *SDOH Screening*).

- Steve Wolfson, Danyal Ibrahim, Marlene St. Juste recommended keeping all of the measures in the Aligned Measure Set.
- **Recommendation:** The Quality Council did not recommend removing any measures to offset the two additions.

6.	**Discuss Measure Selection Criteria for Selecting Core Measures**	**Michael Bailit**	**5:00pm**

Michael Bailit 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 "Connecticut Aligned Measure Set" which will contain Core Measures and Menu Measures.

Michael reminded the group that during the April meeting, the Council began discussing adopting measure selection criteria specific to the Core Measures. Michael reviewed the Quality Council's existing measure selection criteria: the set that apply to individual measures and the set that apply to the measure set as a whole.

Michael said that 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

Michael said that 14 Quality Council members responded to the survey. Michael presented the five criteria that received support from over half of respondents, and shared Bailit Health's proposed Core measure selection criteria based on the survey rankings:

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

7.	**Select Core Measures**	**Michael Bailit**	**5:20pm**

Michael Bailit shared how the Aligned Measure Set measures aligned with the proposed Core Measure set criterion (whether measure aligned with one or more criterion). Michael asked the Quality Council which measures they would like to recommend as Core Measures, beginning with the Quality Benchmark measures.

- Andy Selinger, Danyal Ibrahim, and Marlene St. Juste recommended *Controlling High Blood Pressure* and *HbA1c Control for Patients with Diabetes* as Core Measures. Michael noted that both measures are Core Measures in Rhode Island and Massachusetts.
- Grace Flaherty noted that *Asthma Medication Ratio* was the third Phase 1 Quality Benchmark measure and asked if the Quality Council would like to recommend its inclusion as a Core Measure.
- Lisa Freeman supported adding a mental health measure and *Plan All-cause Readmission* as Core Measures. Lisa also said that *Asthma Medication Ratio* may be difficult because of prescription refill data collection challenges.
- Andy said he did not agree with adding *Asthma Medication Ratio* and asked how many Core Measures Massachusetts and Rhode Island have. Grace shared that Massachusetts' ACO measure set has four Core Measures out of 26 total and Rhode Island's ACO Measure Set has eight Core Measures out of 21 total (the measure counts were corrected after the meeting). Michael noted that Massachusetts MY 2023 Measure Set will increase to five Core Measures.
- Danyal Ibrahim said he thought eight Core Measures was too many and he proposed five measures: *Controlling High Blood Pressure, HbA1c, Follow-up After Emergency Department Visit for Mental Illness (7-Day), Child and Adolescent Well-Care Visits* and *Plan All-cause Readmission.*
- Marlene St. Juste supported adding *Plan All-cause Readmission* and *Follow-up After Emergency Department Visit for Mental Illness,* plus *Prenatal and Postpartum Care.* Lisa Freeman said she supported adding *Prenatal and Postpartum Care.*
- Steve Wofson supported *Plan All-cause Readmission* and *Follow-up After Emergency Department Visit for Mental Illness,* and *Prenatal and Postpartum Care.*
- Marlene St. Juste supported adding *Child and Adolescent Well-Care Visits* as a Core Measure.
- Michael asked Brad Richards to weigh in. Brad said that he was supportive of the six proposed measures and said they seemed well-aligned with DSS' current contracts.
- Sandra Czunas, Amy Bethge and Ellen Carter supported the six proposed Core Measures.

Recommendation: The Quality Council recommended the following six measures as 2023 Core Measures:

1. *Child and Adolescent Well-Care Visits*
2. *Controlling High Blood Pressure*
3. *Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9%)*
4. *Follow-up After Emergency Department Visit for Mental Illness (7-Day)*
5. *Plan All-Cause Readmission*
6. *Prenatal and Postpartum Care*

8.	**Discuss Implementation Plan for Strategies to Improve Performance on Quality Benchmarks**	**Michael Bailit**	**5:40pm**
	Michael Bailit reminded the Quality Council that during the February meeting, the group discussed which strategies OHS and the Quality Council should prioritize to improve performance on the Quality Benchmarks. Michael shared a proposed implementation plan for the strategies, which were grouped into two categories (1) strategies to prioritize implementing and (2) strategies to work towards implementing after priority strategies were completed or when additional funding becomes available. Michael presented the priority strategies and asked for feedback: • Lisa Freeman suggested educating providers on Quality Benchmark implementation. Michael clarified that provider education would be captured under strategies five ("partner with agencies on a PR and education campaign") and six ("create a toolkit to give to provider organizations"). • Danyal Ibrahim asked whether the strategies would only apply to Quality Benchmarks. Michael confirmed that the strategies would only apply to the Quality Benchmarks, because they were the only measures with targets for statewide performance. Michael presented the strategies to work towards implementing after the priority strategies were complete or when additional funding becomes available and asked for feedback: • Marlene St. Juste expressed support for strategy three ("expand evidence-based programs associated with the Benchmarks") and priority strategy six ("create a toolkit to give to provider organizations"). • Brad Richards said DSS was planning to implement a community health worker program through CHN during the summer.		
9.	**Council Action: Wrap-up and Meeting Adjournment**	**Andy Selinger**	**6:00pm**
	Steve Wolfson made a motion to adjourn the meeting. Ellen Carter seconded the motion. There were no objections. The meeting adjourned at 5:37pm.		

Upcoming Meeting Dates:
June 16, 2022 (4:00 – 6:00pm)

All meeting information and materials are published on the OHS website located at:
Quality Council (ct.gov)