

# Quality Council

## June 16, 2022



# Call to Order

# Roll Call

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# Agenda

<u>Time</u>	<u>Topic</u>
4:00 p.m.	Call to Order
4:05 p.m.	Public Comment
4:15 p.m.	Approval of April 21, 2022 Meeting Minutes — Vote
4:20 p.m.	Follow-ups from May Meeting
4:40 p.m.	Reflections on 2022 Annual Review Process
5:00 p.m.	Share Results of 2022 Quality Council Insurer Survey
6:00 p.m.	Adjourn

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# Public Comment

# Approval of May 19, 2022 Meeting Minutes—Vote

# **Follow-up from May Meeting – Social Determinants of Health (SDOH) Screening Measure Specifications**

# Follow-up from May Meeting – SDOH Screening Measure Specifications

- During the May Meeting, the Quality Council recommended adding a SDOH screening measure to the Aligned Measure Set.
  - Bailit Health presented Massachusetts' and Rhode Island's SDOH screening measures. The Quality Council indicated its preference for specifications where the two measures differed.
- Bailit Health drafted specifications for a Connecticut SDOH screening measure, which were circulated on June 6<sup>th</sup> and are summarized on the following slides.
- **Does the Quality Council have any suggested changes to the draft SDOH screening measure specifications?**



# Follow-up from May Meeting – SDOH Screening Measure Specifications (Cont'd)

<b>Category</b>	<b>Specification</b>
<b>Product Line</b>	Medicaid, Commercial
<b>Stratification</b>	None
<b>Ages</b>	All ages
<b>Continuous enrollment</b>	Measurement year
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the measurement year.
<b>Anchor date</b>	December 31 of the measurement year
<b>Lookback period</b>	12 months
<b>Benefit</b>	Medical
<b>Event/diagnosis</b>	The patient has been seen by an Advanced Network-affiliated primary care clinician anytime within the last 12 months
<b>Exclusions</b>	Patients in hospice; refused to participate

# Follow-up from May Meeting – SDOH Screening Measure Specifications (Cont'd)

Category	Specification
<b>Denominator</b>	A systematic sample drawn from the eligible population
<b>Numerator</b>	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 health record
<b>Unit of measurement</b>	Individual
<b>Documentation requirements</b>	All screenings must be documented in the attributed primary care clinician's patient health record
<b>Required domains</b>	<ol style="list-style-type: none"><li>1. Housing insecurity</li><li>2. Food insecurity</li><li>3. Transportation</li><li>4. Interpersonal violence</li><li>5. Utility assistance</li></ol>

# Follow-up from May Meeting – Health Equity Measure

# Follow-up from May Meeting – Health Equity Measure

- During the May Meeting, the Quality Council recommended adopting five Core Measure selection criteria, including a health equity measure criterion:
  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, minimally including behavioral health
  3. **Includes at least one health equity measure**
  4. Outcomes-oriented
  5. Crucial from a public health perspective

# Follow-up from May Meeting – Health Equity Measure (Cont'd)

- During the May Meeting, the Quality Council recommended adoption of the following Core Measures for 2023:
  - *Child and Adolescent Well-care Visits*
  - *Controlling High Blood Pressure*
  - *Follow-up After ED Visit for Mental Illness (7-Day)*
  - *Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9%)*
  - *Plan All-cause Readmission*
  - *Prenatal and Postpartum Care*
- This Quality Council did not recommend adding the *Health Equity Measure* as a Core Measure for 2023.

# Follow-up from May Meeting – Health Equity Measure (Cont'd)

- As a reminder, the *Health Equity Measure* stratifies performance for select measures in the Core Measure Set by race, ethnicity and language (REL):
  1. *Child and Adolescent Well-care Visits*
  2. *Comprehensive Diabetes Care: HbA1c Control*
  3. *Controlling High Blood Pressure*
  4. *Prenatal and Postpartum Care*
  5. *Screening for Depression and Follow-up Plan*
- OHS prioritized stratification of measures in the Core Measure Set that have evidence of disparities in performance by REL in Connecticut and that are required to be stratified for reporting to the National Committee for Quality Assurance (NCQA).

## Follow-up from May Meeting – Health Equity Measure (Cont'd)

- In order to satisfy the Core Measure selection criteria while also acknowledging that the Quality Council's *Health Equity Measure* is a new measure that has not been broadly implemented, Bailit Health recommends that the ***Health Equity Measure* be an “On-Deck” Core Measure for the 2024 Aligned Measure Set.**
  - Payers and Advanced Networks would be notified shortly that the measure will advance to Core Set Status in 2024.
- Does the Quality Council support this recommendation?

# Recommended 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
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

\*\* On-deck as a Core Measure for the 2024 Aligned Measure Set

**Bolded measures** are the Quality Council's recommended Core Measures



# Reflections on the 2022 Annual Review Process

# Reflections on the 2022 Annual Review Process

- Thank you for participating in a productive and engaging Annual Review process!
- During the past few months, the Quality Council has:
  - reviewed the measure selection criteria and created five new Core Measure selection criteria;
  - assessed gaps in the Core Measure Set and added two measures to fill priority gaps;
  - followed up on items from the 2021 Annual Review, including the status of the Patient-Centered Primary Care Measure pilot;
  - recommended a 2023 Aligned Measure Set, including for a new Core Measure Set.

# Reflections on 2022 Annual Review Process (Cont'd)

## Discussion questions:

- What feedback can you offer regarding the 2022 Annual Review?
  - What did you find most helpful during the process?
  - How can staff improve the process for next year's review?
- Are there any additional suggestions you wish to offer OHS to improve alignment of contractual quality measures across private and public payers?

# Results of 2022 Quality Council Insurer Survey

# Reminder about Quality Council Insurer Survey

- The purpose of the OHS Quality Council Insurer Survey is to capture the measures in use by payers in value-based contracts with Advanced Networks.\*
- The 2022 survey captured:
  - **Measures in use** in contracts effective beginning on or after January 1, 2022
  - Whether the measures had **Pay-for-Performance or Pay-for-Reporting** status in contracts
  - **Number of contracts** in which measures were used
  - Payer **stratification** of measures by race, ethnicity and/or language
  - Measures with **modified specifications** and **homegrown measures**

\***Advanced Networks** are defined by OHS as entities that are or could be engaged in a total cost of care contract with one or more payers.

# Insurer Fidelity Scores

- Using data from the Insurer Survey, OHS used the formula below to calculate each insurer's Aligned Measure Set fidelity score.
  - **Note:** The assessment only considered quality measures that would be considered for inclusion in the Aligned Measure Set (e.g., excluded hospital-focused measures, prescription drug-focused measures, Medicare Advantage measures).

***Aligned Measure Set Fidelity Score =***

*Number of instances Aligned Measure Set measures  
were used by the insurer in contracts*

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*Sum of instances any measures (Aligned Measure Set measures or otherwise)  
were used by the insurer in contracts*

# Insurer Fidelity Scores (Cont'd)

<b>Insurer</b>	<b>2022 Aligned Measure Set Fidelity Score</b>
Aetna	40%
Anthem	40%
Cigna	88%
ConnectiCare	86%
UnitedHealthcare	51%

# Additional Findings from the 2022 Survey

<b>Category</b>	<b>2022 Insurer Survey Results</b>
<b>Sum of instances of measure use in insurer contracts</b>	The sum of instances of measure use in insurer contracts ranged from 58 to 1,075, depending on the insurer's number of contracts
<b>Pay-for-Performance vs Pay-for-Reporting</b>	All measures were Pay-for-Performance
<b>Measures used in all contracts vs measures varying by contract</b>	Two insurers used all measures in all contracts, whereas the other three insurers varied measures by contract
<b>Measure stratification by race, ethnicity, and/or language</b>	One insurer stratified all measures for internal use and another insurer stratified one measure for contractual use



# Non-Aligned Measure Set Measures in Use by Insurers

- 30-Day Readmission
- Acute Admissions for Select Conditions
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Adults' Access to Preventive/Ambulatory Health Services
- Annual Dental Visit
- Anti-Depressant Medication Management
- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- BMI Screening and Follow-Up
- Childhood Immunization Status
- Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
- Comprehensive Diabetes Care: HbA1c Control (<8.0%)
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
- Comprehensive Diabetes Care: Medical Attention for Nephropathy
- Coronary Artery Disease (*modified HEDIS measure*)
- Emergency Department Utilization (*observed to expected*)
- Episodic Treatment Group
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- Follow-Up After Emergency Department Visit for People With High-Risk Multiple Chronic Conditions

# Non-Aligned Measure Set Measures in Use by Insurers (Cont'd)

- Lead Screening in Children
- Low Value Care Rate
- Medication Adherence: Cholesterol (Statins), Hypertension and Oral Diabetes
- Non-Recommended Cervical Cancer Screening in Adolescent Females
- Persistence of Beta-Blocker Treatment After a Heart Attack
- Pharmacotherapy Management of COPD Exacerbation
- Potentially Avoidable ER visits per 1,000 per year
- Statin Therapy for Patients with Cardiovascular Disease
- Statin Therapy for Patients with CVD
- Statin Therapy for Patients with Diabetes
- Use of Imaging Studies for Low Back Pain
- Use of Opioids at High Dosage
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents

# Wrap-up & Next Steps

# Meeting Wrap-Up & Next Steps

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



- Update on strategies to improve Quality Benchmark performance
- Begin 2022 annual review of the Quality Benchmarks

# Happy Summer!

