OHS CONNECTICUT Office of Health Strategy

Quality Council

Meeting Date	Meeting Time	Location
September 15, 2022	4:00 pm – 6:00 pm	Zoom Meeting Recording

Participant Name and Attendance | Council Members					
Susannah Bernheim	R	Amy Gagliardi	X	Marlene St. Juste	R
Amy Bethge	X	Karin Haberlin	R	Daniel Tobin	R
Rohit Bhalla	R	Danyal Ibrahim	X	Alison Vail	R
Ellen Carter	R	Michael Jefferson	R	Steve Wolfson	R
Elizabeth Courtney	R	Doug Nichols	X		
Monique Crawford/Stephanie De Abreu	R	Joe Quaranta	X		
Sandra Czunas	X	Brad Richards	X		
Lisa Freeman	R	Andy Selinger (Co-Chair)	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			
Kelly Sinko, OHS	X				

Agenda			
	Topic	**Responsible Party**	**Time**
1.	**Welcome and Call to Order**	**Andy Selinger (Co-Chair)**	**4:00pm**
	Andy Selinger called the meeting to order at 4:04pm.		
2.	**Public Comment**	**Attendees**	**4:05pm**
	Andy Selinger welcomed public comment. There was none.		
3.	**Council Action: Approval of Minutes:**	**Council Members**	**4:15pm**
	Michael Jefferson motioned to approve the June 16th meeting minutes. Steve Wolfson seconded the motion. No one objected to or abstained from approving the meeting minutes. The motion passed.		
4.	**2022 Annual Review of Quality Benchmark Specification Changes**	**Grace Flaherty, Bailit Health**	**4:20pm**

Grace Flaherty reminded the Quality Council about the seven Quality Benchmarks, which were established by OHS as directed by Executive Order No. 5 and codified into law by Public Act 22-118. Grace summarized OHS' process for reviewing changes to the Quality Benchmark measure specifications. Grace presented the Quality Benchmark Measures and summarized the specifications changes for measurement year (MY) 2023 and said that Bailit Health and OHS deemed all of the changes minor.

Grace said three measures – *Child and Adolescent Well Care Visits, Follow-up After Emergency Department Visit for Mental Illness (7-day), and Follow-up After Hospitalization for Mental Illness (7-day)* – had only one specification change. NCQA added a required exclusion for members who died during the measurement year.

- A member asked whether *Follow-up After Hospitalization for Mental Illness (7-day)* included substance use. Grace said she was not sure but would confirm following the meeting. Note: Following the meeting, Grace confirmed that the measure only included NCQA's Mental Health Value Set, which does not include substance use diagnoses.
- A member asked, regarding the mental health measures, if deaths by suicide were excluded. Grace confirmed that the death by suicide would be excluded if it occurred during the measurement year. Michael Bailit said the population would likely be so small as to not make a substantive impact.

Grace said *Asthma Medication Ratio* had three specifications changes: (1) added race and ethnicity stratification, (2) added a required exclusion for members who died during the measurement year, and (3) removed dyphylline and guaifenesin from the Asthma Controller Medications list.

- A member questioned whether excluding members who died due to asthma complications would cause a substantive impact on performance. Grace and Michael said they did not believe that deaths due to asthma were a common occurrence. Another member confirmed that the CDC reported in 2017 that the mortality rate attributed to asthma was nine per million. The inquiring member was satisfied by that response.

Grace said *Controlling High Blood Pressure* had three specification changes: (1) added a required exclusion for members who died during the measurement year, (2) revised the optional exclusions to be required exclusions (members receiving palliative care, members with end-stage rental disease, pregnant members) and (3) updated the number of occurrences required for the frailty cross-cutting exclusion.

- A member questioned whether deaths attributed to uncontrolled high blood pressure would have a substantive impact on measure performance. Another member said he did not think deaths could be directly attributed to hypertension because there were many comorbid conditions. A third member noted that death certificates are often inaccurate.

Grace said *Hemoglobin A1c Control for Patients with Diabetes: HbA1c Poor Control* had two specification changes: (1) updated exclusions by adding a required exclusion for members who died during the measurement year, and updated the number of occurrences required for the frailty cross-cutting exclusion, and (2) added a direct reference code for palliative care.

- A member questioned whether deaths attributable to poorly controlled blood sugar would have a substantive impact on measure performance. Another member said, similar to *Controlling High Blood Pressure,* he did not think deaths could be directly attributed to uncontrolled blood sugar.

Grace said *Obesity Equity Measure* had one change to the CT BRFSS Survey Questionnaire. Grace explained that, compared to the 2021 CT BRFSS survey, the 2022 CT BRFSS survey includes two additional confirmation questions on the respondent's weight and height, which are then used to calculate BMI/obesity by race. Grace said Bailit Health did not anticipate that the new questions would impact BMI rates to the extent that performance would not be comparable to prior years. There were no questions or comments from the Quality Council.

Grace summarized the discussion by stating that the Quality Council did not deem any of the specification changes to be substantive enough to impact trending and the Quality Council did not recommend any changes to the Quality Benchmark measures or values.

5.	**Updates on Strategies to Improve Quality Benchmark Performance**	**Michael Bailit, Bailit Health**	**5:00pm**

Michael Bailit reminded the Quality Council that OHS was working on implementing strategies to improve performance on the Quality Benchmarks, per the Quality Council's recommendation. Michael offered updates on the six strategies OHS was prioritizing for implementation.

Strategy #1: Michael said Strategy #1 was to create a true set of "core measures." Michael said the OHS has finalized and notified insurers and providers about the 2023 Aligned Measure Set, including the seven new Core Measures, two of which are Quality Benchmark measures. Michael said OHS will again conduct a survey to determine fidelity to the measure set.

Strategy #2: Michael said Strategy #2 was to have the Office of the State Comptroller (OSC) adopt the Quality Benchmarks in its contracts. Michael said OSC has included the three Quality Benchmarks in its contracts for 2023.

Strategy #3: Michael said Strategy #3 was public reporting of Advanced Network and payer performance on the Quality Benchmarks annually. Michael said OHS was in the process of finalizing the submission instructions and reporting template for CY 2021 baseline performance data on the three Phase 1 measures, to be released in advance of a technical implementation webinar

- A member asked what public reporting would entail. Michael said the question had not yet been answered, but there are a few different options for public reporting on Quality Benchmark performance, including: posting on OHS' website, a press release, op-eds, blog posts, and tweets.

Strategy #4: Michael said Strategy #4 was public recognition of providers and payers that are performing well and/or demonstrating improvement on the Quality Benchmarks. Michael said OHS will develop rules to govern what will demonstrate high performance and improvement.

- A member said he was certain there were avenues where public recognition could be amplified.
- Michael clarified that Strategy #3 was about transparency and Strategy #4 was about lifting up and praising high-performing entities.

Strategy #5: Michael said Strategy #5 was to partner with other agencies on a public relations and education campaign, including but not limited to by hosting webinars on each Quality Benchmark measure. Michael sought the Quality Council's feedback on strategies for making the Quality Benchmarks known to the general public and to provider organizations.

- A member suggested social media and reaching out to ACO communications directors. Michael noted the difference between reaching public relations staff and reaching the care teams responsible for the Phase 1 Quality Benchmarks.
- A member suggested prioritizing communicating to providers first before communicating to the public. He suggested reaching out to the CT State Medical Society and the CT Hospital Association. He also suggested scheduling webinars during providers' lunch hour so individuals have time to attend. He suggested recording the webinar, providing an opportunity for a Q&A and sharing the slide deck.
- A member suggested dissemination through the CT State Medical Society's journal.
- Michael asked if OHS could test marketing with Stamford before dissemination through CT State Medical Society and CT Hospital Association. The Stamford representative agreed.
- A member suggested including nurses in any communications strategies. The member suggested noting where health systems should be charting the information in their EHRs.
- A member wondered if there were any good examples of other states doing this work from which CT could borrow so it is not reinventing the wheel. She suggested using patient stories to emphasize why the Quality Benchmark measures are important.
- A member offered the CT Hospital Association's assistance with dissemination. She suggested showing how CT compared to other states in terms of performance.

Strategy #6: Michael said Strategy #6 was creating a toolkit to give to provider organizations. Michael asked the Quality Council for feedback on how OHS could make the toolkit available and useful to practices.

- A member suggested educating patients on why the Quality Measure data were being collected. Michael clarified that the Phase 1 Quality Benchmarks did not require patients to provide data, but said patients were an important part of the target population for Strategy #5.
- A member asked whether the toolkit would help generate a list of patients not meeting the Quality Benchmarks and whether staff would be responsible for reaching out to the patients. Michael said the toolkit would not identify which patients were not meeting the Quality Benchmarks, but instead it would provide evidence and tools for improving performance for those patients.
- A member suggested gaining access to Epic. Michael said OHS could not gain access to Epic or other patient records.
- A member suggested taking advantage of the physical practice spaces, which is where patients tend to spend time (i.e., using TV screens in waiting rooms).
- A member suggested looking for examples from other states, suggested that content disseminated should be as brief as possible, and suggested that OHS should consider creating a different brand for the content some consideration (e.g., State Quality Brief rather than OHS or DPH). He also noted that the

	CT Hospital Association has a list of quality personnel from different organizations. Michael asked whether the quality personnel are the right audience for a toolkit. Another member said hospital quality personnel are not responsible for outpatient quality initiatives and offered to look into who the most appropriate personnel would be. • A member suggested reaching out to Joe Quaranta and to Tom Balcezak from Yale New Haven. • A member suggested reaching out to chief nursing officers because at a Federal Qualified Health Center (FQHC) it would be the chief nursing officer who would disseminate information to the nurses who were actually doing the patient care. One member asked whether the chat function can be activated in future meetings. Michael said Quality Council staff will explore whether the chat function can be activated during future meetings.

9.	**Council Action: Wrap-up and Meeting Adjournment**	**Andy Selinger (Co-Chair)**	**6:00pm**
	Michael shared that the next Quality Council meeting was scheduled for October 20th. Steve Wolfson made a motion to adjourn the meeting. Rohit Bhalla seconded the motion. The meeting adjourned at 5:19pm.		

Upcoming Meeting Dates:

October 20, 2022 (4:00 – 6:00pm)

All meeting information and materials are published on the OHS website located at:

Quality Council (ct.gov)