Quality Council

Meeting Date	Meeting Time	Location
November 17, 2022	4:00 pm – 6:00 pm	Zoom Meeting Recording: https://ctvideo.ct.gov/ohs/QC_Meeting_Recording_11172022.mp4

Participant Name and Attendance | Council Members					
Susannah Bernheim	X	Lisa Freeman	X	Andy Selinger (Co-Chair)	R
Amy Bethge	R	Amy Gagliardi	R	Marlene St. Juste	R
Rohit Bhalla	R	Karin Haberlin	R	Daniel Tobin	R
Ellen Carter	R	Danyal Ibrahim	X	Alison Vail	R
Elizabeth Courtney	R	Michael Jefferson	R	Steve Wolfson	R
Monique Crawford/Stephanie De Abreu	R	Jeffrey Langsam/Doug Nichols	X		
Sandra Czunas	R	Joe Quaranta	R		
Petrina Davis	R	Brad Richards	X		
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**	**4:00pm**
	Andy Selinger called the meeting to order at 4:01pm.		
2.	**Public Comment**	**Attendees**	**4:05pm**
	Andy Selinger welcomed public comment. There was none.		
3.	**Council Action: Approval of Minutes**	**Council Members**	**4:15pm**
	Steve Wolfson motioned to approve the September 15th meeting minutes. Elizabeth Courtney seconded the motion. Sandra Czunas, Petrina Davis, and Amy Gagliardi abstained from voting on the meeting minutes. No one objected to approving the meeting minutes. The motion passed.		
4.	**Proposed Implementation Plan for Strategies to Improve Performance on the Quality Benchmarks**	**Michael Bailit**	**4:20pm**
	Michael Bailit reminded the Quality Council about the OHS's seven Quality Benchmarks, which OHS established as directed by Executive Order No. 5 and codified into law by Public Act 22-118. Michael reminded the Quality Council that OHS was working on implementing strategies to improve performance on the Quality Benchmarks, per the Quality Council's recommendation. **Strategy #5: Webinars** • Michael gave an overview of OHS' proposed activities for organizing webinars on each of the Phase 1 Quality Benchmark measures. Michael asked if the Quality Council thought the plan would be impactful and if not, what OHS should do differently.		

- **Discussion:**
  - One member asked about the intended audience for the webinars. Michael said the intended audience would be practice teams, primarily primary care practice teams, including physicians and other care team members. The member suggested recording the live webinar so that people could watch at the time most convenient for them.
  - One member suggested disseminating the webinar transcript because physicians were busy and may not have time to watch a webinar.
  - One member suggested creating opportunities for practices to do ongoing learning with one another and suggested having a designated champion to advance quality improvement within provider organizations. The member said the Quality Council could build the case and help find the champions and support them.
  - One member said she did not know if webinars were the best delivery method but suggested using social media and offered her help as a communications expert.
  - One member suggested offering Continuing Medical Education (CME) credits for the webinar to increase attendance. The member also said that the 12:15-1pm timeslot might attract more physicians finished with their morning patients.
  - One member said he thought identifying internal champions was a good idea, both to foster improvement and to build awareness of the effort overall. The member suggested targeting the ambulatory quality and clinical affairs leadership within organizations.
  - One member suggested (via Zoom chat) offering Maintenance of Certification credits in addition to CME credit for webinar attendance.
  - One member suggested reaching out to the Northeast Medical Group because it is an organization of practicing physicians.
  - One member asked if the webinars would be open to the Quality Council. Michael said OHS would invite Quality Council members to attend the webinars.

Strategy #6: Toolkits

- Michael provided an overview of OHS' proposed activities for adopting a toolkit for each Phase 1 Quality Benchmark measure. Michael asked if the Quality Council thought the plan would be impactful and if not, what OHS should do differently. Michael noted that OHS sent the Quality Council a request for toolkit recommendations; the topic will be discussed during the December Quality Council meeting. Michael said Bailit Health had done a significant amount of research on toolkits and would have some identified in addition to any suggestions from the Quality Council.
- **Discussion**:
  - One member said the toolkit implementation plan seemed like a good approach and said she supported having a tangible product to give to practices.
  - One member suggested finding early adopters that could review the toolkit in advance of distribution. Michael said that OHS was planning to use the Quality Council to review the toolkits.
  - One member suggested disseminating the toolkit to Chief Nursing Officers, who are often involved in quality improvement activities.

5.	**Presentation by the Massachusetts Health Policy Commission on the Massachusetts Quality Measure Alignment Taskforce**	**Vivian Haime**	**4:45pm**

Michael introduced Vivian Haime, Director of Health Care Transformation and Innovation at the Massachusetts Health Policy Commission.

Vivian provided an overview of the Massachusetts Health Policy Commission (HPC) including how it was established, its structure and its goals and vision. Vivian shared background on the Massachusetts Quality

Measure Alignment Taskforce (QMAT). Vivian emphasized that adoption of the Aligned Measure Set was voluntary for Massachusetts payers and providers in their global budget-based risk contracts.

Vivian shared the QMAT's annual review process, which includes reviewing guiding principles, reviewing measures to be included in the Aligned Measure Set, making recommendations to the Secretary of Health and Human Services and then disseminating the measure sets and implementation parameters to payers and ACOs for implementation. Vivian noted that the review process could also include other activities, such as identifying new measures and brainstorming activities to promote adherence to the Aligned Measure Set.

Vivian gave an overview of how the QMAT tracks adherence to the Massachusetts Aligned Measure Set. Vivian noted that overall adherence had improved, but payer adherence varies. Vivian noted that the QMAT's adherence measure does not make a distinction between payer use of Core or Menu measures.

- **Discussion:**
    - Michael noted that insurers' adherence rates have been growing over time but will likely never reach 100% because payers and providers negotiate multi-year contracts and measure sets are changed slightly every year.
    - Michael noted that CT OHS conducted a similar survey in 2022 and that CT insurer fidelity scores currently look lower than those of MA payers.
    - One member asked whether improvement was driven by payers adopting more endorsed measures or payers retiring more unendorsed measures. Vivian said it was a combination of both.

Vivian gave an overview of the activities the HPC undertakes to promote adherence to the measure set. Vivian said the HPC distributes the Aligned Measure Set from the Undersecretary of Health and Human Services with a letter from the Secretary of Health and Human Services. Vivian said the HPC presents the data at public meetings and posts the data online with interactive graphics. Vivian said the HPC meets with payers to better understand barriers to adoption of the Aligned Measure Set.

Vivian shared some of the health equity efforts the QMAT has undertaken. Vivian said the QMAT has applied a health equity lens to its measure review, introduced a health equity measure to the measure set, and conducted a survey of providers and payers to understand current RELD data collection practices and standards.

Vivian said that EOHHS convened a Health Equity Technical Advisory Group with three subgroups – a Data Standards Group, Measurement Group (the QMAT), and Accountability Group. Vivian shared that the Health Equity Data Standards Group recently developed recommended data standards for the collection of RELD and SOGIS data. Vivian shared that the Health Equity Accountability Group developed a recommended approach for introducing accountability for health equity measures into global budget-based risk contracts (i.e., ACO contracts).

- **Discussion:**
    - One member asked about whether the HPC had thought about standardizing social determinants of health information. Vivian said when MassHealth implemented its ACO program it did discuss whether there was an opportunity to align social needs information collection, but it chose not to require a singular tool. Michael added that existing tools and scales for screening are constructed differently.
    - One member asked how quality performance was communicated to providers and if there was significant variability in the linkage to earned compensation threshold. Vivian said the HPC sets care delivery standards through its ACO certification program and the HPC shares the data in aggregate, including how health systems report performance to their providers. Mark Friedberg said BCBSMA shares a monthly data feed on an identified member level and in relation to their peers and to contractual targets.

Michael introduced Mark Friedberg, Senior Vice President, Performance Measurement & Improvement at BCBSMA. Mark shared how BCBSMA has aligned with MA's Aligned Measure Set through its Alternative Quality

	Contract (AQC) model. Mark said BCBSMA has not been able to fully align with MA's Aligned Measure Set because of its three-year contracts. Mark said BCBSMA is an active QMAT member and does significant preparatory work before QMAT meetings so it can advocate for measures it believes will be most meaningful. Mark noted that the Health Equity Technical Advisory Groups had been critical for establishing aligned data collection standards. • One member asked if BCBSMA's work to standardize measures took time away from time dedicated to care management or other payment arrangements. Mark Friedberg said there was a significant maintenance expense associated with reporting performance to providers, but the expense existed since the beginning of the AQC and there was less work now because BCBSMA reduced its measure set to align with the Aligned Measure Set. • One member asked if there were any measures that the payers simply rejected (via the Zoom chat). Mark said payers have not rejected any Core measures and if payers do not like the Menu measures, they do not need to use them. Mark noted that Medicare FFS was not involved in the MA Measure Alignment process, which limits its effectiveness. Michael noted that aligning with Medicare would likely require CMS to enter into an agreement with a state on an all-payer model. • One member asked whether there was anything the Quality Council should do to address administrative burden, which was a huge concern for physicians. Michael said prior authorization was one burden but that was not within the Quality Council's purview. Michael said misalignment of measures was another administrative burden, and one which the Quality Council was trying to address. Note: Links in this section were added for reference.		
9.	**<u>Council Action</u>: 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 5:26pm.		

Upcoming Meeting Dates:

December 15, 2022 (4:00 – 6:00pm)

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

Quality Council (ct.gov)