

Quality Council

Meeting Date	Meeting Time	Location
January 26, 2023	4:00 pm – 6:00 pm	Zoom Meeting Recording: https://ctvideo.ct.gov/ohs/OHS_Quality_Council_Meeting_Recording_01262023.mp4

Participant Name and Attendance Council Members					
Susannah Bernheim	R	Lisa Freeman	X	Andy Selinger (Co-Chair)	R
Amy Bethge	X	Amy Gagliardi	R	Marlene St. Juste	R
Rohit Bhalla	R	Karin Haberlin	R	Daniel Tobin	X
Ellen Carter	R	Danyal Ibrahim	R	Alison Vail	X
Elizabeth Courtney	R	Michael Jefferson	R	Steve Wolfson	R
Monique Crawford/Stephanie De Abreu	R	Phil Roland/Doug Nichols	R		
Sandra Czunas	R	Joe Quaranta	R		
Petrina Davis	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			
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 4:02pm.		
2.	Public Comment	Attendees	4:05pm
	Andy Selinger welcomed public comment. There was none.		
3.	Council Action: Approval of Minutes	Council Members	4:15pm
	Sandra Czunas motioned to approve the November 17 th , 2022 meeting minutes. Michael Jefferson seconded the motion. No one objected to approving the meeting minutes. The motion passed.		
4.	Feedback on Quality Benchmark Toolkits	Michael Bailit	4:20pm
	Michael Bailit reminded the Quality Council about the strategies it recommended OHS implement to improve performance on the Quality Benchmark measures, including the strategy to adopt a toolkit for each Phase 1 Quality Benchmark measure.		
	Discussion:		
	<ul style="list-style-type: none"> A member asked a question about one of the strategies to improve performance on the Quality Benchmark measures. The member clarified that only two out of the three Phase 1 Quality Benchmark measures are “Core Measures” in the 2023 Aligned Measure Set (Asthma Medication Ratio is a Menu Measure). Michael confirmed this to be true. 		

Michael said OHS solicited toolkit recommendations from the Quality Council in November 2022 and did not receive any recommendations. Michael said Bailit Health identified toolkits addressing each of the three Phase 1 Quality Benchmarks, all from the National Association of Community Health Centers (NACHC). Michael said Bailit Health’s primary care physician consultant recommended the NACHC toolkits because they (a) were applicable to multiple populations, (b) address improved outcomes (not just coding), (c) spoke to practice improvements (not solely clinical decision-making), and (d) clearly identified their sources and guidelines.

Michael asked for the Quality Council’s feedback on the toolkits.

Discussion:

- One member said he thought the toolkits were too lengthy and would need to be customized for each practice. Michael said each toolkit contained an executive summary. Michael said a practice could also use the toolkit to pursue a more structured approach to quality improvement and to inform workflow changes.
- One member shared what he liked about the toolkits. The member said he liked that there was a consistent framework across all three conditions. He liked how the toolkits took a high-level approach to addressing the three chronic conditions. He liked that the toolkits addressed practice leadership. He said he liked that the toolkits included important “signposts” in the process (i.e., engagement, care teams) and practice guidelines. He said he thought it would be helpful if the toolkits included a gap analysis for practices to assess what they are doing now and what they should be doing. He suggested drafting a document that connects the toolkits to the Quality Benchmarks.
- One member shared his feedback on the toolkits. He said he liked that the guides could be used by the whole practice, not just by the physician. He said that the NACHC is a credible organization. He said he was worried about the length of the toolkits. The member suggested including a tabular summary with key recommendations, which is what physicians are used to seeing. Michael suggested creating a summary document with tabular recommendations and an explanation of how the toolkits connect to the Quality Benchmarks.
- One member expressed concern about the administrative burden associated with adopting the toolkits. He wondered whether OHS should incorporate the toolkits into practice EHRs. Michael said he thought incorporating the toolkits into EHRs would be difficult for OHS to achieve.
- One member wondered whether providers needed another toolkit. She said she liked the idea of a learning collaborative. In the chat, the member added that she subsequently recognized that the toolkits were more oriented toward overall practice change and were not meant for individual providers.
- One member said providers already have a lot of tools but they do not have the time to use them and they do not know how to increase patient compliance. The member said she liked how the toolkits suggested “deploying care teams in new ways” and she suggested giving an example of how care teams can be deployed in new ways in any summary document that is created.
- In the chat, one member shared an example of an American Heart Association one-page tool on hypertension management: <https://www.heart.org/-/media/Files/Health-Topics/High-Blood-Pressure/Tylenol-HBP/AHA18HyperPocketGuidePRINT3FINAL-APPROVED.pdf>.
- One member said OHS should consider Yale-New Haven’s plans to establish an onsite food pharmacy.

Michael summarized feedback generated during the discussion.

5.	2022 Reflections and 2023 Roadmap	Michael Bailit	5:00pm
	<p>Michael Bailit thanked the Quality Council members for their work during the 2022 Quality Council meeting series. Michael asked the Quality Council to share any lessons learned from the 2022 meeting series and/or hopes or recommendations for the Quality Council’s work in 2023.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • One member said she appreciated when OHS and Bailit Health gave summaries before a topic was discussed to remind the Quality Council about prior work. • One member said he appreciated how OHS and Bailit Health “teed up” discussions to allow the Quality Council meetings to be productive and to lead the Quality Council towards decisions. <p>Michael shared the 2023 Quality Council Roadmap of Activities. He said that between February and May, the Quality Council will be reviewing the Aligned Measure Set. Michael said between March and April, OHS will report on 2021 Quality Benchmark performance for baseline performance. He said between August and October, OHS will collect 2022 Quality Benchmark data for reporting in March 2024. Michael said between September and November, the Quality Council will review the Quality Benchmark measures and values. He said over the course of the year, the Quality Council will continue advancing the strategies to improve performance on the Quality Benchmark measures.</p> <p>Michael noted that there may be new activities that the Quality Council members suggest. Michael noted that OHS’s new Executive Director was Deidre Gifford, the former DSS Commissioner, and she may also bring forth some new ideas.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • One member asked how OHS planned to align the Quality Benchmarks with any changes to the Aligned Measure Set. Michael said he did not anticipate the Quality Benchmarks would be candidates for removal from the Aligned Measure Set. • One member asked whether the Quality Council would be discussing the new SDOH and health equity data collection mandates. Michael said there was an opportunity to discuss RELD data collection. Michael noted Bailit Health’s work in Massachusetts to develop a performance measure focused upon RELD data capture completeness. 		
6.	2023 Aligned Measure Set Annual Review Reminders	Grace Flaherty	5:30pm
	<p>Grace Flaherty reminded the Quality Council that the Aligned Measure Set is a group of measures from which OHS requests insurers and Advanced Networks select measures for use in value-based contracts. She reminded the Quality Council that the Aligned Measure Set contains Core and Menu Measures. Grace also reminded the Quality Council about the measures in the 2023 Aligned Measure Set. She shared 2022 Insurer “fidelity scores” and reminded the Quality Council that insurers are aligning with the measure set to varying degrees and said the goal is to move towards greater alignment.</p> <p>Grace said that starting during the February meeting, the Quality Council will review the Aligned Measure Set and consider whether to make any changes. Grace said during the review, the Quality Council will consider measure specification changes, opportunity for improvement, equity information and insurer measure use.</p> <p>Grace reminded the Quality Council that in December 2022, OHS sent the Quality Council a request for feedback on the 2023 Aligned Measure Set. She reminded the Quality Council to send any feedback to Hanna and Grace by January 31st, using the guidelines in OHS’s email request.</p>		

Grace asked if the Quality Council had any questions about OHS’s request for feedback or the Aligned Measure Set annual review.

Discussion:

- One member asked why there was such a large range of fidelity scores.
- One member asked if the range was related to whether insurers were local or national. Michael said it was more challenging for national insurers to align with state-level measure sets than it was for local plans.
- The DSS representative said DSS was trying to align with the Aligned Measure Set as much as possible, particularly with its maternity bundle.
- One provider member asked if OHS planned to survey Advanced Networks about their experience implementing quality programs with the Aligned Measure Set measures. Michael said OHS could consider doing a survey. Michael asked the provider member whether payers were referencing the Aligned Measure Set in contract negotiations. The member said yes, payers were starting to reference the measure set in contract negotiations.
- One member recommended that OHS meet with some of the payers about increasing their alignment with the Aligned Measure Set. Grace indicated that one such conversation had occurred after OHS reported 2022 fidelity scores.
- In the chat, one member asked if the insurer measure use survey included Medicare Advantage plan measure use. Grace replied that it only included commercial measures.
- One member asked if the annual measure review would be consensus-based. Grace said that OHS would make final decisions after receiving recommendations from the Quality Council. Michael Bailit added that while a consensus was always sought, in practice there have been occasions where a recommendation reflected a strong majority opinion but not complete consensus.

7.	Council Action: Wrap-up and Meeting Adjournment	Hanna Nagy	6:00pm
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Susannah Bernheim announced that she would be taking a new job. For this reason, she was attending her last Quality Council meeting.

Steve Wolfson made a motion to adjourn the meeting. Andy Selinger seconded the motion. There were no objections. The meeting adjourned at 5:07pm.

Upcoming Meeting Dates:
February 16, 2023 (4:00 – 6:00pm)

All meeting information and materials are published on the OHS website located at:
[Quality Council \(ct.gov\)](https://www.ct.gov/qualitycouncil)