Quality Council January 26, 2023



Call to Order and Roll Call



Agenda

<u>Time</u>	<u>Topic</u>	
4:00 p.m.	Call to Order and Roll Call	
4:05 p.m.	Public Comment	
4:15 p.m.	Approval of November 17, 2022 Meeting Minutes — Vote	
4:20 p.m.	Feedback on Quality Benchmark Toolkits	
5:00 p.m.	2022 Reflections and 2023 Roadmap	
5:30 p.m.	. 2023 Aligned Measure Set Annual Review Reminders	
5:50 p.m.	Meeting Wrap-Up and Next Steps	
6:00 p.m.	Adjourn	



Public Comment

Approval of November 17, 2022 Meeting Minutes—Vote

Feedback on Quality Benchmark Toolkits

Strategies to Improve Performance on Quality Benchmarks

- As a reminder...
 - In 2021, per the Quality Council's recommendation, seven Quality Benchmark measures and Benchmark values were selected for phased implementation starting in 2022.
 - Earlier this year, the Quality Council discussed strategies which should be prioritized to improve performance on the Quality Benchmarks.

Asthma Medication Ratio Controlling High Blood Pressure Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control Follow-up After Hospitalization for Mental Illness (7-day) Follow-up After ED Visit for Mental Illness (7-day) Obesity Equity Measure

Strategies to Improve Performance on Quality Benchmarks (Cont'd)

• The following are the six strategies that the Council prioritized to improve performance on the Quality Benchmarks. We will focus on strategy #6 today.

Strategy to Improve Performance on Quality Benchmarks

- 1. Create a true set of "core measures", including the Quality Benchmark Measures as Core Measures.
- 2. Have the Office of the State Comptroller (OSC) adopt the Quality Benchmarks in its contracts.
- 3. Public reporting of Advanced Network and payer performance on the Quality Benchmarks annually with Cost Growth Benchmark performance.
- 4. Public recognition of providers and payers that are performing well and/or demonstrating improvement on the Quality Benchmarks.
- 5. Partner with other agencies on a PR and education campaign.
- 6. Create a toolkit to give to provider organizations.

Proposed Implementation Plan for Strategy #6

• During the November meeting, the Quality Council offered feedback on OHS' proposed implementation plan for Strategy #6.

Strategy #6: Create a toolkit to give to provider organizations.

Activities: Toolkits	Timeline
☐ Solicit recommendations for toolkits from Quality Council members.	November/ December 2022
 □ Solicit feedback on identified toolkits on the three Phase 1 Quality Benchmarks from Quality Council members. ★ WE ARE HERE □ Identify alternative toolkits based on Quality Council feedback. 	January/February 2023
☐ Adopt toolkits for each Phase 1 Quality Benchmark.	February 2023
☐ Disseminate by including toolkits in Quality Benchmark webinar invitations and announcements, posting toolkits on OHS' website, posting toolkits on OHS' social media, and disseminating to provider organizations.	February/March 2023

Toolkits for Strategy #6 (1 of 3)

- A toolkit is a document that contains evidence-based guidance to improve the quality of patient care.
- A desirable toolkit for our purposes should focus on clinical care processes (rather than coding) and be written for practices.
- As we learned from the Quality Council during prior meetings, toolkits are most helpful when they can be summarized on 1-2 pages with actionable steps for improving quality of care.

Toolkits for Strategy #6 (2 of 3)

- OHS solicited toolkit recommendations from the Quality Council in November and did not receive any recommendations.
- Bailit Health has identified toolkits addressing each of the three Phase 1 Quality Benchmarks, all from the National Association of Community Health Centers (NACHC):
 - NACHC Action Guide: Diabetes Control
 - NACHC Action Guide: Hypertension Screening and Controlling
 - NACHC Action Guide: Controlling Asthma with Evidence-Based 6 18
 Interventions

Toolkits for Strategy #6 (3 of 3)

Discussion questions:

- 1. Do you find the steps and interventions in the NACHC guides to be *helpful and actionable*?
- 2. Do you find the structure and format of the NACHC guides to be *easily* readable and digestible, especially for busy physicians and care teams?
- 3. Do you have any *additional thoughts or feedback* on the NACHC guides?
- 4. Are there any *additional toolkits* from other organizations that you think OHS should consider for any of the three Phase One Quality Benchmark measures?

2022 Reflections

2022 Reflections

- A belated thank you for a productive and engaging year of Quality Council meetings!
- As we reflect on our shared work last year, please share:
 - lessons learned from the 2022 meeting series, and/or
 - hopes / recommendations for our work together in 2023

2023 Quality Council Roadmap of Activities

Report on 2021 Quality Benchmark Performance Collect 2022 Quality Benchmark data

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2023 annual review of the Aligned Measure Set

2023 annual review of the Quality Benchmarks

Identify and discuss how to advance strategies to improve Quality Benchmark performance

2023 Aligned Measure Set Annual Review Reminders

The Connecticut Aligned Measure Set

- 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.
 - The Aligned Measure Set contains Core Measures and Menu Measures.

Connecticut Aligned Measure Set



Core Measures

• Measures that OHS asks insurers to use in all value-based contracts with Advanced Networks



Menu Measures

• Measures that are optional for use in value-based contracts

2023 Aligned Measure Set

- 1. Child and Adolescent Well-Care Visits
- **Controlling High Blood Pressure**
- 3. Follow-Up After Emergency Department Visit for **Mental Illness (7-Day)**
- **Health Equity Measure** 4.
- **5**. **Hemoglobin A1c Control for Patients with Diabetes: HbA1c Poor Control (>9%)**
- 6. Plan All-Cause Readmission
- **Prenatal and Postpartum Care** 7.
- Asthma Medication Ratio 8.
- 9. Behavioral Health Screening*
- 10. **Breast Cancer Screening**
- **Cervical Cancer Screening** 11.
- Chlamydia Screening in Women
- 13. **Colorectal Cancer Screening**
- Concurrent Use of Opioid and Benzodiazepines 14.

- 15. Developmental Screening in the First Three Years of Life
- Eve Exam for Patients with Diabetes 16.
- 17. Follow-Up After for Children Prescribed ADHD Medication
- 18. Follow-Up After Hospitalization for Mental Illness (7-Day)
- 19. Immunizations for Adolescents (Combo 2)
- 20. Kidney Health Evaluation for Patients with Diabetes
- 21. Metabolic Monitoring for Children and Adolescents*
- **PCMH CAHPS Survey**
- 23. Screening for Depression and Follow-Up
- Social Determinants of Health Screening 24.
- 25. Substance Use Assessment in Primary Care
- 26. Transitions of Care
- Use of Pharmacotherapy for Opioid Use Disorder
- 28. Well-Child Visits in the First 30 Months of Life

^{*}Medicaid-only measure Core Measures are in bold

Insurer Fidelity Scores

Insurer	2022 Aligned Measure Set Fidelity Score*
Aetna	40%
Anthem	40%
Cigna	88%
ConnectiCare	86%
UnitedHealthcare	51%

^{*}The fidelity score represents the number of instances 2022 Aligned Measure Set measures were used by the insurer in contracts, divided by the sum of instances any measure (Aligned Measure Set measures or otherwise) were used by the insurer in contracts (using data from the 2022 Quality Council Insurer Survey).

Aligned Measure Set Annual Review

- Starting during the February meeting, the Quality Council will review the Aligned Measure Set and consider whether to make any changes.
 - Any changes would apply to contract performance periods beginning on or after January 1, 2024.
- During the annual review, the Quality Council will review the Aligned Measure Set in full, considering:
 - Measure specification changes
 - Opportunity for improvement
 - Equity information
 - Insurer measure use

Request for Feedback on 2023 Aligned Measure Set

- In December 2022, OHS sent the Quality Council a request for feedback on the 2023 Aligned Measure Set.
 - Feedback may include measures that should be (a) added, (b) removed, or (c) have their Core/Menu status modified.
 - OHS also sent this request to CT payers, Advanced Networks, OSC and DSS.
- Please send any feedback on the 2023 Aligned Measure Set to Hanna Nagy and Grace Flaherty by January 31, 2023, using the guidelines in the email request.

Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps



- Introduction to 2023 Aligned Measure Set Annual Review Process
- Consider feedback on 2023 Aligned Measure Set (measures requested to be added/removed)
- Begin reviewing measure specification changes, opportunity for improvement, equity information and insurer measure use for measures in the Aligned Measure Set