

Quality Council

February 16, 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.	Introduction of OHS Executive Director Dr. Deidre Gifford
4:15 p.m.	Public Comment
4:20 p.m.	Approval of January 26, 2023 Meeting Minutes — Vote
4:30 p.m.	Quality Benchmark Toolkit Update
4:40 p.m.	Begin 2023 Aligned Measure Set Annual Review
5:20 p.m.	Insurer Survey Reminder
5:25 p.m.	Meeting Wrap-Up and Next Steps
5:30 p.m.	Adjourn

Introduction to OHS Executive Director Dr. Deidre Gifford

Public Comment

Approval of January 26, 2023 Meeting Minutes—Vote

Quality Benchmark Toolkit Update

Quality Benchmark Toolkit Update

- During the January meeting, the Quality Council offered feedback on the three National Association of Community Health Centers (NACHC) toolkits that were identified to foster improvement on the Quality Benchmark measures:
 1. [NACHC Action Guide: Diabetes Control](#)
 2. [NACHC Action Guide: Hypertension Screening and Controlling](#)
 3. [NACHC Action Guide: Controlling Asthma with Evidence-Based 6|18 Interventions](#)

Quality Benchmark Toolkit Update (Cont'd)

- In response to the Quality Council's feedback, OHS is creating one-page summaries to accompany each toolkit that:
 - Lay out the content of the toolkit as a quick reference for practice teams
 - Make a more explicit connection between the toolkits and the Quality Benchmarks
 - Make clear that the toolkits are intended for practice teams and not individual clinicians
- OHS plans to distribute the updated toolkits for the Quality Council's feedback in advance of an upcoming Quality Council meeting.

2023 Aligned Measure Set Annual Review

Overview of the Connecticut Aligned Measure Set

The Connecticut Aligned Measure Set

- The Aligned Measure Set is a group of measures from which OHS requests insurers select measures for use in value-based contracts.
- The Aligned Measure Set was first established in 2016 (as the “Core Measure Set”) as part of the State Innovation Model (SIM) Program.
- The overarching aim of the Aligned Measure Set is to promote alignment of quality measures in use by commercial insurers and Medicaid to assess and reward the quality of services delivered under value-based payment arrangements with Advanced Networks.*

*Advanced Networks are provider organizations or contractually affiliated provider organizations that either (a) hold a value-based contract with a payer or (b) are able to hold a value-based contract by virtue of having a sufficient number of primary care providers.

The Connecticut Aligned Measure Set (Cont'd)

- The Aligned Measure Set contains Core Measures and Menu Measures.
 - Measures used in value-based contracts should be limited to Core 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**
2. **Controlling High Blood Pressure**
3. **Follow-Up After Emergency Department Visit for Mental Illness (7-Day)**
4. **Health Equity Measure**
5. **Hemoglobin A1c Control for Patients with Diabetes: HbA1c Poor Control (>9%)**
6. **Plan All-Cause Readmission**
7. **Prenatal and Postpartum Care**
8. Asthma Medication Ratio
9. Behavioral Health Screening*
10. Breast Cancer Screening
11. Cervical Cancer Screening
12. Chlamydia Screening in Women
13. Colorectal Cancer Screening
14. Concurrent Use of Opioid and Benzodiazepines
15. Developmental Screening in the First Three Years of Life
16. Eye Exam for Patients with Diabetes
17. Follow-Up Care 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*
22. PCMH CAHPS Survey
23. Screening for Depression and Follow-Up
24. Social Determinants of Health Screening
25. Substance Use Assessment in Primary Care
26. Transitions of Care
27. 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

Measure Selection Criteria

Measure Selection Criteria

- The Quality Council has defined three sets of measure selection criteria to guide its work in recommending measures to OHS for measure set inclusion.
 - **Criteria to apply to individual measures** are meant to assess the merits of individual measures. They ensure that each measure has sufficient merit for inclusion.
 - **Criteria to apply to Core Measures** are meant to guide the Quality Council in choosing which measures warrant special focus in Connecticut (i.e., should be used by all insurers in all value-based contracts).
 - **Criteria to evaluate the measure set as a whole** are meant to more holistically assess whether the Aligned Measure Set is representative and balanced, and meets policy objectives identified by the Quality Council.

Criteria to Apply to Individual Measures

1. Represents an opportunity to promote health equity, evaluated by performing an assessment of data and literature to identify disparities by race, ethnicity, language, disability status, economic status, and other important demographic and cultural characteristics.
2. Represents an opportunity for improvement in quality of care, inclusive of outcomes and of population health.
3. Accessible with minimal burden to the clinical mission, and:
 - a. draws upon established data acquisition and analysis systems;
 - b. is efficient and practicable with respect to what is required of payers, providers, and consumers, and
 - c. makes use of improvements in data access and quality as technology evolves and become more refined over time.
4. Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health.

Criteria to Apply to Individual Measures (Cont'd)

5. Addresses the most significant health needs of Connecticut residents, with attention to areas of special priority, beginning with:
 - a. behavioral health
 - b. health equity
 - c. patient safety, and
 - d. care experience.
6. Measures and methods are valid and reliable at the data element and performance score level.
7. Useable, relevant and has a sufficient denominator size.

Criteria to Apply to Core Measures

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.

Criteria to Apply to the Measure Set as a Whole

1. Includes topics and measures for which there are opportunities to promote health equity by race, ethnicity, language and/or disability status.
2. Broadly addresses population health.
3. Prioritizes health outcomes, including measures sourced from clinical and patient-reported data.
4. Taken as a whole, high performance on the proposed measure set should significantly advance the delivery system toward the goals of safe, timely, effective, efficient, equitable, patient-centered (STEEEP) care.
5. Balances comprehensiveness and breadth with the need for parsimony to enable effective quality improvement.
6. Representative of the array of services provided, and the diversity of patients served, by the program.

Overview of the Annual Review Process

Data Sources for Six Considerations (1 of 5)

1. Have there been any major changes to the measure specifications?

- We reviewed any changes to the measure specifications by each measure's "steward" in 2022.

2. What is the measure status in the national measure sets of interest?

- We identified whether the measure is currently in any of the following 7 measure sets that were previously indicated to be of interest to the Quality Council:
 - CMS Electronic Clinical Quality Measures (eCQMs) (2023)
 - CMS Medicaid Child Core Set (2023 and 2024 Updates)
 - CMS Medicaid Adult Core Set (2023 and 2024 Updates)
 - CMS Merit-based Incentive Payment System (MIPS) (2023)
 - CMS Medicare Shared Savings Program ACO and Next Generation ACO (2023)
 - NQF Core Quality Measures Collaborative Core Sets (2021)
 - NCQA HEDIS (2023)

Data Sources for Six Considerations (2 of 5)

3. Is the measure currently utilized by Connecticut payers?

- We identified whether the measure was in use by payers (5 insurance carriers in their commercial contracts, DSS PCMH+ Measure Set and OSC) in 2022 using data from the 2022 Quality Council Insurer Survey.

4. Is there evidence of health disparities related to the measure?

- Bailit Health conducted an equity review for each measure. We primarily used the following sources to identify inequities in measure performance or related health outcome by race/ethnicity, disability status, language, socioeconomic status, and education:
 - [America's Health Rankings](#)
 - [AHRQ Quality and Disparities Reports](#)
 - [Healthy Connecticut 2025 State Health Assessment](#)
 - [Health Disparities in Connecticut \(CT Health Foundation\)](#)
 - Literature review to identify any additional disparities

Data Sources for Six Considerations (3 of 5)

5. Is there opportunity for improvement?

- We assessed Connecticut's opportunity for improvement on the Aligned Measure Set measures for the commercial and Medicaid markets.
 - **Commercial:** We calculated weighted average plan performance from NCQA's Quality Compass for HEDIS measures. We compared commercial performance on HEDIS measures to NCQA's national benchmarks.
 - **Medicaid:** We used Medicaid performance from DSS as published in its 2023 [Medical Assistance Program Oversight \(MAPOC\) presentation](#) and as shared through the Quality Benchmark data request. We compared Medicaid performance on HEDIS measures to NCQA's national benchmarks.

Data Sources for Six Considerations (4 of 5)

5. Is there opportunity for improvement (cont'd)?

- We use the following color scheme to indicate how Connecticut commercial and Medicaid performance on HEDIS measures compares to NCQA's national benchmarks:

Commercial and Medicaid Performance Key:				
<25 th percentile	Between 25 th and 50 th percentiles	Between 50 th and 75 th percentiles	Between 75 th and 90 th percentiles	≥90 th percentile

Data Sources for Six Considerations (5 of 5)

6. Did stakeholders submit feedback on the measure?

- We compiled the feedback OHS received from stakeholders in response to its request for feedback on the Aligned Measure Set in December 2022 and January 2023.
- New measures that were submitted for consideration will be raised topically (i.e., at the same time as related measures already in the Measure Set).

Questions to Consider

- As you review each measure, consider:
 1. how the measure performs against the just-reviewed six considerations;
 2. whether the measure meets the adopted selection criteria,
 3. whether you recommend retaining, removing, or replacing the measure in the Aligned Measure Set, and
 4. whether you recommend changing the measure's status (elevating to Core or moving from Core to Menu).

Review of Measure Crosswalk

Insurer Survey Reminder

Insurer Survey Reminder

- At the beginning of February, OHS distributed its 2023 Quality Council Insurer Survey.
- The survey collects information on measures currently in use in Advanced Network contracts by commercial insurers.
- OHS requests that insurers share their survey responses with OHS by **Tuesday, February 28th**.
- During a future Quality Council meeting, OHS will report out on the results of the 2023 Insurer Survey, included updated insurer fidelity scores.

Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps



- Quality Benchmark toolkit update
- Continue 2023 Aligned Measure Set Annual Review