

Quality Council

March 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.	Public Comment
4:10 p.m.	Approval of February 16, 2023 Meeting Minutes — Vote
4:15 p.m.	Continue 2023 Aligned Measure Set Annual Review
5:50 p.m.	Meeting Wrap-Up and Next Steps
6:00 p.m.	Adjourn

Public Comment

Approval of February 16, 2023 Meeting Minutes—Vote

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

Overview of the Annual Review Process

Overview of the Annual Review Process

- Today we'll begin our review of existing measures in the Aligned Measure Set. We'll walk sequentially through each measure and consider the following:
 1. Have there been any major changes to the measure's specifications?
 2. What is the measure's status in the national measure sets of interest?
 3. To what extent is the measure currently utilized by Connecticut payers?
 4. Is there evidence of health disparities related to the measure?
 5. Is there opportunity for performance improvement?
 6. Did any stakeholders submit feedback on the measure?
- Prior to this meeting, you were provided with a crosswalk that provides detailed information for each measure (e.g., description, domain, condition, population, data source) as well as a PDF with measure specifications.

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 and any proposed changes for 2024.

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 seven 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. To what extent is the measure currently utilized by CT payers?

- We assessed whether the measure was in use by payers (insurance carriers in their commercial contracts, DSS in its PCMH+ Measure Set, and by OSC) using data from the 2022 and 2023 Quality Council Insurer Surveys (OHS is using 2022 data from one payer since it has not yet responded to the 2023 Survey).

4. Is there evidence of health inequities 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).

Review of Individual Measures

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 Quality Council's measure 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).

Child and Adolescent Well-Care Visits* (Core)

Measure Steward: National Committee for Quality Assurance
Data Source: Claims
National Measure Sets of Interest: CMS Medicaid Child Core Set

Equity Analysis

- CT DSS reported that in 2021, Child and Adolescent Well-Care visits was among the measures with the lowest/worst rates for Black/African American Non-Hispanic Medicaid members (63.6%) (DSS MAPOC Presentation, 2023).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023	Yes (4 insurers; DSS)	77% (above National 90 th percentile)	67% (above National 90 th percentile)

* Phase 2 Quality Benchmark measure

Child and Adolescent Well-Care Visits (Core) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Value Care Alliance shared that measures that address children and adolescents may have very small denominators for their network.

Controlling High Blood Pressure* (Core)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Adult Core Set; CMS eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, prevalence of high blood pressure is higher for Black (36.1%) adults than for White (31.8%) and Hispanic (24.5%) adults (CT State Health Assessment, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023	Yes (4 insurers)	58% (between National 50 th and 75 th percentiles)	64% (between National 50 th and 75 th percentiles)

* Phase 1 Quality Benchmark measure

Health Equity Measure (Core)

Measure Steward: CT Office of Health Strategy

Data Source: Claims/Clinical Data

National Measure Sets of Interest: None

Description

The performance for each of the following measures, stratified by race, ethnicity and language:*

1. Child and Adolescent Well-Care Visits
2. Comprehensive Diabetes Care: HbA1c Control
3. Controlling High Blood Pressure
4. Prenatal and Postpartum Care
5. Screening for Depression and Follow-Up Plan

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
None	Yes (1 insurer)	NA	See next slide

*OHS prioritized stratification of measures that have evidence of disparities in performance by REL in CT and that are required to be stratified for reporting to NCQA.

Health Equity Measure (Core) (Cont'd)

- **DSS shared stratified Medicaid performance for two of the five Health Equity measures:**

Measure Name	White/ Caucasian Non-Hispanic	Black/African American Non- Hispanic	Asian Non-Hispanic	Hispanic	Native American/ Pacific Islander Non- Hispanic
Child and Adolescent Well-Care Visits	67.3%	63.6%	67.3%	67.7%	66.2%
Prenatal and Postpartum Care – Postpartum Care	50.2%	56.1%	62.3%	55.9%	43.5%
Prenatal and Postpartum Care – Timeliness of Prenatal Care	58.8%	68.8%	64.3%	70.2%	64.5%

Health Equity Measure (Core) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Value Care Alliance shared that this measure will require information from the EHR and if there is no way to deliver this information in an automated way it will be very manual to demonstrate it being addressed.
 - Aetna recommended removing the measure as a performance measure. Aetna recommended the measure for reporting only.

HbA1c Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)* (Core)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Adult Core Set; CMS eQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, Black and Hispanic residents are more than 2x more likely than Whites to have diabetes and have severe complications (CT Health Foundation, 2020).
- In CT, Black residents are more than 2x more likely than Whites to die from diabetes (CT Health Foundation, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)**
Minor Changes for MY 2023 & Major Proposed Changes for MY 2024 (see next slides)	Yes (3 insurers)	28%** (between National 75 th and 90 th percentiles)	36%** (between National 50 th and 75 th percentiles)

* Phase 1 Quality Benchmark measure

** Lower rate is better for this measure

HbA1c Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)* (Core) (Cont'd)

- **NCQA is proposing updating the method for identifying diabetes for all HEDIS diabetes measures in MY 2024:**

Method	Description
Current claims/encounter or pharmacy method	<ul style="list-style-type: none">• At least two outpatient encounters, or one inpatient encounter with a diagnosis of diabetes, <i>or</i>• Dispensed at least one diabetes medication
Revised claims/encounter or pharmacy method	<ul style="list-style-type: none">• At least two diagnoses of diabetes on different dates of service (in any setting), <i>or</i>• Dispensed at least one diabetes medication and at least one diagnosis of diabetes (in any setting)

HbA1c Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)* (Core) (Cont'd)

- **NCQA is also proposing to modify HbA1c Control for Patients with Diabetes for MY 2024:**
 - Adding glucose management indicator (GMI) as an option to meet numerator criteria, in order to align with the American Diabetes Association's recently updated guidelines and to recognize those who manage diabetes using continuous glucose monitoring.
 - Updating the measure title (Glycemic Status Assessment for Patients with Diabetes - GSD)

Diabetes Measures Proposed for Addition

- **Aetna recommended that OHS add four new diabetes measures (summarized on the following slide) to the Aligned Measure Set in addition to the diabetes measures already in the set.**
 - Aetna's rationale was that the measures are clinically sound, demonstrate outcomes, and ensure robust management of diabetes rather than just avoidance of catastrophic events.

Diabetes Measures Proposed for Addition* (Cont'd)

- **Aetna recommended that OHS add four new diabetes measures to the Aligned Measure Set.**

Measure Name	Steward	Data Source	Commercial Performance (2021)
Blood Pressure Control for Patients with Diabetes	NCQA	Claims	63% (between National 50 th and 75 th percentiles)
HbA1c Control (<8.0%) for Patients with Diabetes	NCQA	Claims	63% (between National 75 th and 90 th percentiles)
HbA1c Testing	NCQA (retired in HEDIS 2022)	Claims	92% (between National 75 th and 90 th percentiles)
Pediatric HbA1c Testing	NCQA (retired in HEDIS 2014)	Claims	N/A (retired in HEDIS 2014)

**HbA1c Poor Control (Core)* and *Eye Exam for Patients with Diabetes (Menu)* are currently Aligned Measure Set Measures.

Plan All-Cause Readmission (Core)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims

National Measure Sets of Interest: CMS Medicaid Adult Core Set; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, non-Hispanic Black adults are more likely than their peers in other racial/ethnic groups to experience readmission within 30 days of discharge (25 per 1,000 population for Black adults, compared to 17, 14, and 4 per 1,000 population for White, Hispanic, and Asian adults) (CT State Health Assessment, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023	Yes (2 insurers)	0.57* (between National 50 th and 75 th)	1.2* (below National 25 th percentile)

*Ratio of Observed All-Cause Readmissions to Expected Readmissions (lower rate is better for this measure)

Prenatal & Postpartum Care (Core)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Child Core Set; CMS Medicaid Adult Core Set

Equity Analysis

- In CT, the percentage of pregnant women who receive early prenatal care is lower for Black (77.4%), Hispanic (79.1%) and Asian (83.5%) women than for White (88.3%) women (CT State Health Assessment, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023	Yes (1 insurer; DSS)	Timeliness of Prenatal Care: 85% (between National 50 th and 75 th percentiles)	Timeliness of Prenatal Care: 92.6% (above National 90 th percentile)
		Postpartum Care: 82% (between National 50 th and 75 th percentiles)	Postpartum Care: 82.5% (between National 75 th and 90 th percentiles)

Prenatal & Postpartum Care (Core) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Aetna shared that in order to begin using this measure in contracts it would need a period of up to two years to establish baseline data.

Asthma Medication Ratio* (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims

National Measure Sets of Interest: CMS Medicaid Child Core Set; CMS Medicaid Adult Core Set; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, Black and Hispanic children are 5.5x and 4.5x more likely to go to the ED because of asthma than White children (CT Health Foundation, 2020).
- In CT, Black and Hispanic children are 4.5x and 3x more likely to be hospitalized because of asthma than White children (CT Health Foundation, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023	Yes (4 insurers; DSS; OSC)	82% (between National 25 th and 50 th percentiles)	65% (between National 50 th and 75 th percentiles)

* Phase 1 Quality Benchmark measure

Behavioral Health Screening* (Menu)

Measure Steward: CT DSS
Data Source: Claims/Clinical Data
National Measure Sets of Interest: None

Equity Analysis

- CT DSS reported that in 2021, Behavioral Health Screening was among the measures with the lowest/worst rates for Black/African American Non-Hispanic Medicaid members (36.9%) (DSS MAPOC Presentation, 2023).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
None	Yes (DSS)	NA	43.5%

* Medicaid-only measure

Breast Cancer Screening (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims

National Measure Sets of Interest: CMS Medicaid Adult Core Set; CMS eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, breast cancer screening rates are highest for Hispanic (86.1%) women, followed by White (83.5%) and Black (81.4%) women (CT State Health Assessment, 2020).
- CT DSS reported that in 2021, Breast Cancer Screening was among the measures with the lowest/worst rates for Native American/Pacific Islander Medicaid members (45%) (DSS MAPOC Presentation, 2023).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Minor Proposed Changes for MY 2024	Yes (5 insurers; DSS; OSC)	77% (above National 90 th percentile)	56% (between National 50 th and 75 th percentiles)

Cervical Cancer Screening (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Adult Core Set; CMS eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, cervical cancer screening rates are lower for Hispanic (82.2%) women and Black (84.7%) women than for White (85.6%) women (CT State Health Assessment, 2020).
- CT DSS reported that in 2021, Cervical Cancer Screening was among the measures with the lowest/worst rates for Native American/Pacific Islander Medicaid members (50.3%) (DSS MAPOC Presentation, 2023).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Minor Proposed Changes for MY 2024	Yes (3 insurers; DSS; OSC)	80% (above National 90 th percentile)	62% (between National 50 th and 75 th percentiles)

Chlamydia Screening (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims

National Measure Sets of Interest: CMS Medicaid Child Core Set (Ages 16-20); CMS Medicaid Adult Core Set (Ages 19-64); CMS eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- CT DPH data from 2014 showed that chlamydia rates among women aged 15-24 were nearly 12 times higher among Black individuals than among White individuals (CT STD Control Program, 2014).
- CT DPH data from 2019 showed that the rate of chlamydia incidence (# per 100,000 population) was 514 for the Black population and 389 for the Hispanic population (CT DPH, 2019).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023	Yes (4 insurers; DSS; OSC)	59% (above National 90 th percentile)	66% (between National 75 th and 90 th percentiles)



Chlamydia Screening (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Aetna shared that in order to begin using this measure in contracts it would need a period of up to two years to establish baseline data for this measure.

Colorectal Cancer Screening (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Adult Core Set; CMS eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, Asian (61.6%), Black (67.8%) and Hispanic (72.8%) adults have lower colorectal cancer screening rates than White (75.7%) adults (America's Health Rankings, 2022).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Major Change for MY 2024 – Transition to electronic reporting only	Yes (3 insurers)	72% (above National 90 th percentile)	NA*

* This measure newly applies to Medicaid populations as of 2023.

Concurrent Use of Opioids and Benzodiazepines (Menu)

Measure Steward: Pharmacy Quality Alliance

Data Source: Claims

National Measure Sets of Interest: CMS Medicaid Adult Core Set

Equity Analysis

- In a national study from 2014-2018, White and Hispanic beneficiaries (commercial and Medicare Advantage) had higher rates of co-prescription than did Black beneficiaries (Jeffrey et al., 2019).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
None	Yes (1 insurer)	NA	NA

Concurrent Use of Opioids and Benzodiazepines (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Value Care Alliance shared that this measure would be difficult to use if sourced from claims as payers continue to mask any data that relates to substance use.
 - **Note:** 1) 42 CFR Part 2 applies to patient records created by federally assisted SUD treatment programs. 2) According to recently updated federal regulations ([42 CFR Part 2](#)), disclosure of substance use disorder patient records for the purpose of “payment and health care operations” are permitted with written consent.
 - Aetna recommended removing this measure, with the rationale that the attributed physician may not be involved in the member’s concurrent use of the drugs.

Developmental Screening in the First Three Years of Life (Menu)

Measure Steward: Oregon Health & Science University

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Child Core Set; Core Quality Measures Collaborative Core Set

Equity Analysis

- CT DSS reported that in 2021, Developmental Screening in the First Three Years of Life was among the measures with the lowest/worst rates for Black/African American Non-Hispanic Medicaid members (62.5%) (DSS MAPOC Presentation, 2023).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
None	Yes (DSS)	NA	65% (between National 75 th and 90 th percentiles for 2020)



Developmental Screening in the First Three Years of Life (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Value Care Alliance shared that measures that address children and adolescents may have very small denominators for their network.
 - Aetna recommended removing the measure, with the rationale that, clinically, it is already part of a well-child visit so it is redundant.
 - *Child and Adolescent Well-Care Visits* and *Well-Child Visits in the First 30 Months of Life* are in the 2023 Aligned Measure Set (Core and Menu, respectively).

Eye Exam for Patients with Diabetes (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, Black and Hispanic residents are more than 2x more likely than Whites to have diabetes and have severe complications (CT Health Foundation, 2020).
- In CT, Black residents are more than 2x more likely than Whites to die from diabetes (CT Health Foundation, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Major Proposed Changes for MY 2024 (see next slide)	Yes (5 insurers; DSS)	61% (above National 90 th percentile)	54% (between National 50 th and 75 percentile)

Eye Exam for Patients with Diabetes (Menu) (Cont'd)

- **NCQA is proposing the method for identifying diabetes for all HEDIS diabetes measures in MY 2024:**

Method	Description
Current claims/encounter or pharmacy method	<ul style="list-style-type: none">• At least two outpatient encounters, or one inpatient encounter with a diagnosis of diabetes, <i>or</i>• Dispensed at least one diabetes medication
Revised claims/encounter or pharmacy method	<ul style="list-style-type: none">• At least two diagnoses of diabetes on different dates of service (in any setting), <i>or</i>• Dispensed at least one diabetes medication and at least one diagnosis of diabetes (in any setting)

Follow-Up After Emergency Department Visit for Mental Illness, 7-Day* (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims

National Measure Sets of Interest: CMS Medicaid Child Core Set; CMS Medicaid Adult Core Set; Core Quality Measures Collaborative Core Set

Equity Analysis

- A national study of follow-up after mental health ED discharge found that the odds of follow-up were lower for Black adults compared to White adults (odds ratio = 0.83 for 7-day rate) (Croake et al., 2017).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Minor Proposed Changes for MY 2024	Yes (DSS)	63% (between National 75 th and 90 th percentiles)	50.49% (between National 75 th and 90 th percentiles)

* Phase 2 Quality Benchmark measure

Follow-Up After Emergency Department Visit for Mental Illness, 7-Day* (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Value Care Alliance and Aetna both shared that implementation is difficult because improvement is dependent upon a system where physicians are notified when a member was in the ED. This is especially challenging for members who seek ED care outside of their hospital system.

* Phase 2 Quality Benchmark measure

Follow-Up After Hospitalization for Mental Illness, 7-Day* (Menu)

<p>Measure Steward: National Committee for Quality Assurance Data Source: Claims National Measure Sets of Interest: CMS Medicaid Child Core Set (Ages 6-17); CMS Medicaid Adult Core Set (Ages 18+); CMS MIPS; Core Quality Measures Collaborative Core Set</p>			
Equity Analysis			
<ul style="list-style-type: none"> In a national study of follow-up treatment following inpatient psychiatric treatment, Black adults were less likely than White adults to receive follow-up care (odds ratio = 0.45 for 30-day follow-up) (Carson et al., 2014). 			
Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Minor Proposed Changes for MY 2024	Yes (DSS)	64% (above National 90 th percentile)	48.01% (between National 75 th and 90 th percentiles)

* Phase 2 Quality Benchmark measure

Follow-Up After Hospitalization for Mental Illness, 7-Day* (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Aetna recommended removing this measure, with the rationale that the follow-up doctor needs to be informed of the member's discharge and a corollary measure is needed to hold hospitals accountable for informing the physician (via discharge summary or email) or a notification system analogous to an ED visit notification.

* Phase 2 Quality Benchmark measure

Follow-Up Care for Children Prescribed ADHD Medication (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims

National Measure Sets of Interest: CMS Medicaid Child Core Set; CMS eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- CT DSS reported that in 2021, this measure (Initiation Phase) was among the measures with the lowest/worst rates for Asian Non-Hispanic Medicaid members (33.3%) (DSS MAPOC Presentation, 2023).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Minor Change for MY 2024	Yes (DSS)	Initiation: 41% (between National 75 th and 90 th percentiles)	Initiation: 44% (between National 50 th and 75 th percentiles)
		Continuation and Maintenance: 28% (below National 25 th percentiles)	Continuation and Maintenance: 53% (between National 50 th and 75 th percentiles)

Follow-Up Care for Children Prescribed ADHD Medication (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Value Care Alliance shared that measures that address children and adolescents may have very small denominators for their network.
 - Aetna shared that in order to begin using this measure in contracts they would need a period of up to two years to establish baseline data for this measure.

Immunizations for Adolescents, Combo 2* (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Child Core Set; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- The CDC reported that in 2021, Hispanic or Latino (Hispanic) adolescents had lower coverage with ≥ 2 meningococcal doses (-10.8 percentage points) than did non-Hispanic White (White) adolescents (CDC, 2021),

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023	Yes (2 insurers)	Combo 2: 23% (below National 25 th percentile)	HPV: 38% (between National 50 th and 75 th percentiles)

*Combo 2 includes meningococcal, Tdap and HPV

Immunizations for Adolescents, Combo 2 (Menu)

- **OHS received the following feedback on this measure:**
 - Value Care Alliance shared that measures that address children and adolescents may have very small denominators for their network.

Kidney Health Evaluation for Patients with Diabetes (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: None (this is a Medicare Star Ratings measure)

Equity Analysis

- In CT, Black and Hispanic residents are more than 2x more likely than Whites to have diabetes and have severe complications and Black residents are more than 2x more likely than Whites to die from diabetes (CT Health Foundation, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Major Proposed Changes for MY 2024 (see next slide)	Yes (3 insurers)	45% (between National 50 th and 75 th percentiles)	38% (between National 50 th and 75 th percentiles)

Kidney Health Evaluation for Patients with Diabetes (Menu) (Cont'd)

- **NCQA is proposing updating the method for identifying diabetes for all HEDIS diabetes measures in MY 2024:**

Method	Description
Current claims/encounter or pharmacy method	<ul style="list-style-type: none">• At least two outpatient encounters, or one inpatient encounter with a diagnosis of diabetes, <i>or</i>• Dispensed at least one diabetes medication
Revised claims/encounter or pharmacy method	<ul style="list-style-type: none">• At least two diagnoses of diabetes on different dates of service (in any setting), <i>or</i>• Dispensed at least one diabetes medication and at least one diagnosis of diabetes (in any setting)

Metabolic Monitoring for Children and Adolescents on Antipsychotics* (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Child Core Set; Core Quality Measures Collaborative Core Set

Equity Analysis

- CT DSS reported that in 2021, Metabolic Monitoring was among the measures with the lowest/worst rates for Native American/Pacific Islander Non-Hispanic Medicaid members (30%) (DSS MAPOC Presentation, 2023).
- In a national study, Black and Hispanic adults were less likely to be monitored than Whites (Phillips et al., 2015).
- In a national study, children with intellectual difficulty were more likely to be prescribed antipsychotics (2.8% compared to 0.15% of children without intellectual difficulty) and those with intellectual difficulties were prescribed antipsychotics at a younger age and for a longer period (Brophy et al., 2018).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Minor Proposed Change for MY 2024	Yes (DSS)	NA	34% (between National 25 th and 50 th percentiles)

* Medicaid-only measure

Metabolic Monitoring for Children and Adolescents on Antipsychotics* (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Value Care Alliance shared that measures that address children and adolescents may have very small denominators for their network.

* Medicaid-only measure

PCMH CAHPS (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Survey

National Measure Sets of Interest: None

Equity Analysis

- A national study of racial/ethnic differences in experiences with primary care in PCMH settings among Veterans found that Black, Hispanic, and Asian/Pacific Island populations reported worse experiences than Whites with access, comprehensiveness, communication, and office staff helpfulness/courtesy (Jones et al., 2016).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
No Changes to PCMH Item Set 3.0	Yes (2 insurers)	NA	NA

PCMH CAHPS (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Aetna recommended removing this measure, with the rationale that the volume/response to these surveys is too small for statistical significance.

Screening for Depression and Follow-Up Plan (Menu)

Measure Steward: Centers for Medicare & Medicaid Services

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Child Core Set (Ages 12-17); CMS Medicaid Adult Core Set (Ages 18+); CMS eQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, the percentage of adults who ever reported being told by a health professional that they have a depressive disorder is highest for White (19.9%) adults, followed by Multiracial (17.6%), Hispanic (17.7%), Black (11.7%) and Asian (8.5%) adults (America's Health Rankings, 2022).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor changes for MY 2023	Yes (2 insurers)	NA	NA

Screening for Depression and Follow-Up Plan (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Aetna recommended removing this measure because they plan to use HEDIS *Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)* measure since it fits their existing infrastructure, but given the complexities of electronic reporting the HEDIS measure will not be publicly reportable until MY 2023 (and 2025 for value-based contracts).
 - A comparison of *Screening for Depression and Follow-up Plan (CMS)* and *Depression Screening and Follow-Up for Adolescents and Adult (NCQA)* is included on the following slides.

Comparison of NCQA and CMS Depression Screening Measures

	NCQA Measure	CMS Measure
Measure Description	<p>The percentage of members 12+ years of age who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.</p> <ul style="list-style-type: none"> • <i>Depression Screening</i>. The percentage of members who were screened for clinical depression using a standardized instrument. • <i>Follow-Up on Positive Screen</i>. The percentage of members who received follow-up care within 30 days of a positive depression screen finding. 	<p>Percentage of patients aged 12+ years screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date or up to two days after the eligible encounter.</p>
Follow-up Window	Within 30 days of the positive screen.	Within 14 days of the positive screen.
Positive Screen Definition	Numerical scores identified for each screening tool. Member is numerator non-compliant if there is no numerical score in the EHR.	Not defined.

Comparison of NCQA and CMS Depression Screening Measures (Cont'd)

	NCQA Measure	CMS Measure
Exclusions	Members with bipolar disorder or depression in the year prior to the measurement year.	Patients who have ever had a diagnosis of bipolar disorder or depression.
Follow-up Definition	<ul style="list-style-type: none"> • An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition. • A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition. • A behavioral health encounter, including assessment, therapy, collaborative care or medication management. • A dispensed antidepressant medication. 	<ul style="list-style-type: none"> • Referral to a practitioner (e.g., psychiatrist, psychologist, social worker, mental health counselor) who is qualified to diagnose and treat depression or to a mental health service for treatment of depression (e.g., group therapy, support therapy, depression management program). • Pharmacological interventions. • Other interventions or follow-up for the diagnosis or treatment of depression (e.g., behavioral health evaluation, psychotherapy, pharmacological interventions).

Social Determinants of Health Screening* (Menu)

Measure Steward: CT Office of Health Strategy Data Source: Survey National Measure Sets of Interest: None			
Equity Analysis			
<ul style="list-style-type: none"> <i>Negative Social Determinants of Health contribute to health inequities.</i> 			
Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
None	Yes (1 insurer)	NA	NA

*Screening for housing insecurity, food insecurity, transportation, interpersonal violence and utility assistance.

Social Determinants of Health Screening (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Aetna recommended removing this measure until the provider community implements the use of the appropriate codes in the standard course of business.

Substance Use Assessment in Primary Care (Menu)

Measure Steward: Inland Empire Health Plan

Data Source: Claims

National Measure Sets of Interest: None

Equity Analysis

- In CT, by race/ethnicity, non-Hispanic White residents have the highest burden of drug overdose-related mortality, with a high of 33.2 per 100,000 CT population in 2017. However, from 2017–2018 their rates slightly decreased while rates for all other racial/ethnic groups continued to increase during the same time period. (CT State Health Assessment, 2020)

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Adolescent age range added (11-18 years of age)	None <i>(measure added to 2022 Aligned Measure Set to fill substance use measure gap)</i>	NA	NA

Substance Use Assessment in Primary Care (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Value Care Alliance shared that this measure would be difficult to use if sourced from claims as payers continue to mask any data that relates to substance use.
 - **Note:** *Substance Use Assessment in Primary Care* is sourced from claims from the primary care practice.
 - Aetna recommended removing this measure, until treatment capacity exists, as recommended by the U.S. Preventative Services Task Force (USPSTF).
 - **Note:** In a 2020 [recommendation statement](#), the USPSTF found the evidence insufficient to assess the balance of benefits and harms of screening for unhealthy drug use in adolescents.

Transitions of Care (Menu)

Measure Steward: National Committee for Quality Assurance
Data Source: Claims/Clinical Data
National Measure Sets of Interest: None

Equity Analysis

- A national study of patient-perceived gaps during care transition found that Black patients were less likely than other patient groups to report completing a post-discharge follow-up visit or to receive prescribed medical equipment (Jones et al., 2022).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)*	Medicaid Performance (2021)*
Minor Changes for MY 2023	None <i>(measure newly added to 2023 Aligned Measure Set to fill care coordination gap)</i>	NA	NA

*Performance is not available because this measure is specified as a Medicare-only measure. When the Quality Council was considering adding this measure in 2022, NCQA confirmed that this measure can be used for other lines of business.

Transitions of Care (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Aetna recommended removing this measure as a more clearly defined measure such as outcome measures are preferred for this complex process.

Use of Pharmacotherapy for Opioid Use Disorder (Menu)

Measure Steward: Centers for Medicare & Medicaid Services
Data Source: Claims
National Measure Sets of Interest: CMS Medicaid Adult Core Set

Equity Analysis

- In CT, opioid overdose death rates by race/ethnicity are highest among White (69%) adults, followed by Hispanic (17%) adults and Black (13%) adults (Kaiser Family Foundation, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
None	None <i>(measure added to 2022 Aligned Measure Set to fill substance use measure gap)</i>	NA	NA

Use of Pharmacotherapy for Opioid Use Disorder (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Value Care Alliance shared that this measure would be difficult to use if sourced from claims as payers continue to mask any data that relates to substance use.
 - Aetna recommended removing this measure, with the rationale that (a) for some patients, pharmacotherapy is not appropriate and (b) denominators for most practices will be too small to be significant.

Well-Child Visits in the First 30 Months of Life (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims

National Measure Sets of Interest: CMS Medicaid Child Core Set

Equity Analysis

- CT DSS reported that in 2021, Well-Child Visits was among the measures with the lowest/worst rates for Native American/Pacific Islander Non-Hispanic Medicaid members (72.4% and 73.9%) (DSS MAPOC Presentation, 2023).
- A national study found that the declines in well-child visit attendance due to COVID-19 were larger for Black and publicly-insured children when compared to White and privately-insured patients (Sen, 2022).
- A national study found that the percentage of lower-income households missing well-child visits (30%) was significantly higher than middle- and upper-income households (23%) (Taylor, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Minor Proposed Changes for MY 2024	Yes (5 insurers; DSS)	First 15 Months: 85% (between National 50 th and 75 th percentiles)	First 15 Months: 77% (above National 90 th)
		15-30 Months: 92% (between National 50 th and 75 th percentiles)	15-30 Months: 82% (above National 90 th)

Well-Child Visits in the First 30 Months of Life (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
 - Value Care Alliance shared that measures that address children and adolescents may have very small denominators for their network.

Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps



- Continue 2023 Aligned Measure Set Annual Review
- Review 2023 Fidelity Assessment
- Review 2021 Quality Benchmark baseline performance data at the state and market level

Appendix

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 address 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.