

Quality Council

Meeting Date	Meeting Time	Location
November 16, 2023	4:00 pm – 6:00 pm	Zoom Meeting Recording: https://ctvideo.ct.gov/ohs/OHS_QC_Meeting_Recording_11162023.mp4

Participant Name and Attendance Council Members					
Rohit Bhalla	X	Amy Gagliardi	R	Andy Selinger (Co-Chair)	X
Ellen Carter	R	Karin Haberlin	R	Marlene St. Juste	X
Elizabeth Courtney	R	Danyal Ibrahim	X	Daniel Tobin	R
Monique Crawford/Stephanie De Abreu	X	Michael Jefferson	R	Alison Vail	R
Sandra Czunus	R	Phil Roland/Doug Nichols	X	Steve Wolfson	R
Petrina Davis	R	Joe Quaranta	R	Heather Tory	R
Lisa Freeman	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			

Agenda			
	Topic	Responsible Party	Time
1.	Welcome and Call to Order	Hanna Nagy	4:00pm
	Hanna Nagy called the meeting to order at 4:03pm. Jeannina Thompson took roll call. Jeannina reported that a quorum was present.		
2.	Public Comment	Attendees	4:05pm
	Hanna Nagy invited welcomed public comment. There was none.		
3.	Council Action: Approval of Minutes	Council Members	4:10pm
	Steve Wolfson motioned to approve the October 19 th meeting minutes. Michael Jefferson seconded the motion. No one objected to approving the meeting minutes. Dan Tobin abstained. The motion passed.		
4.	OHS Update on Quality Council Recommendations for Phase 2 Quality Benchmark Values	Grace Flaherty/Hanna Nagy	4:15pm
	<p>Grace Flaherty reminded the Quality Council about the Phase 1 and Phase 2 Quality Benchmark measures. Grace summarized the Quality Council’s recommendations from the October meeting about the Phase 2 Quality Benchmark values for 2024 and 2025 and its recommendation that OHS modify the methodology for calculating the Obesity Equity Measure.</p> <ul style="list-style-type: none"> One member reiterated his support of using rolling average to address the observed historic volatility in the Black, non-Hispanic obesity rate. <p>Hanna Nagy shared that OHS had accepted the Quality Council’s recommended commercial and Medicaid Quality Benchmark values for Child and Adolescent Well-Care Visits, Follow-up After Hospitalization for Mental Illness (7-Day), and Follow-up After ED Visit for Mental Illness (7-Day).</p> <p>Hanna also shared that OHS wished to retain the original specifications for the statewide Obesity Equity Measure (i.e., the ratio of Black non-Hispanic and White non-Hispanic obesity rates) to maintain continuity of the Quality Benchmark measures and to focus on reducing inequities between the two populations. Hanna shared that, to address concerns raised by the Quality Council during the October meeting, OHS proposed</p>		

	<p>reporting on the statewide obesity rate for the Black non-Hispanic population separately. Hanna asked whether the Quality Council recommended reporting the alternate Obesity Equity Measure (Black non-Hispanic obesity rate) against the group’s recommended Benchmark values for 2024 and 2025.</p> <ul style="list-style-type: none"> • One member said she opposed reverting to the prior specifications solely for the sake of continuity. She said that at the very least the newly recommended measures should be reported since they are more meaningful. • One member supported the prior member’s suggestion, and asked Hanna if there was a rationale for retaining the old measure beyond continuity. Hanna said that continuity was OHS’ primary consideration. The member reinforced the Quality Council’s October recommendation to move away from the ratio measure and proposed that a separate work group be formed to focus on health equity measures as other states have done. She recommended that such a group include multiple people with a health equity lens. • One member asked about the burden associated with calculating the two measures. Hanna responded to the member that there would not be a significant added burden associated with calculating both measures because they were only to be reported at the state level. The member expressed support for reporting both measures. 		
5.	Discuss 2024 and 2025 Benchmark Values for Obesity Equity Measure	Michael Bailit	4:30pm
	<p>Michael Bailit asked the Quality Council for its input on 2024 and 2025 Quality Benchmark values for the original Obesity Equity Measure, in the context of recent performance. Michael noted that there were two reasons that Connecticut performance in 2022 for the original ratio-based measure was superior to the 2025 Quality Benchmark value for this measure: a) there had been a steady increase in the obesity rate for the White, non-Hispanic population and b) year-over-year volatility in the Black, non-Hispanic obesity rate produced a large drop in the rate in 2022.</p> <ul style="list-style-type: none"> • One member wondered whether the pandemic impacted obesity rates between 2020 and 2022 because of diminished availability of healthy food. • As an initial proposal, Michael suggested retaining the 2025 benchmark value and setting the 2024 value between 1.33 and 1.50. • One member said that she did not think it made sense to retain the original ratio methodology because it was not meaningful. • One member wondered if the prevalence of food deserts could be quantified to inform the measure. Michael said the member’s point supported the need to implement strategies to improve performance on the measures. • One member said she assumed the White non-Hispanic obesity rate would increase in the future. She said she was bothered by the volatility of the Black non-Hispanic rate. Michael speculated that the volatility was due to the smaller population size. • One member suggested benchmark values of 1.42 for 2024 and 1.38 for 2025, which he derived assuming that the White non-Hispanic obesity rate would rise 0.5 percentage points a year and by taking the average of the Black, non-Hispanic obesity rate from the past four years. Another member voiced support for this methodology and proposal. • One member wondered about the statistical validity of taking a four-year average of the Black, non-Hispanic obesity rate. Michael said that he believed the prior member’s offered methodology was making reasonable assumptions about the expected change in the obesity rate for the White non-Hispanic population, and a reasonable goal for the Black non-Hispanic population. • One member said that the Behavioral Risk Factor Surveillance System (BRFSS) Survey has sufficient statistical power. • Recommendation: Modify the Benchmark values for the Obesity Equity Measure to be 1.42 for 2024 and 1.38 for 2025. 		
6.	2023 Reflections	Michael Bailit	4:45pm
	<p>Michael summarized the Quality Council’s work in 2023 and asked the Quality Council to share any lessons learned to inform the 2024 meeting series.</p>		

- One member recommended more public engagement, perhaps by surveying Connecticut residents about what aspects of health care quality matter most to them. She also recommended increasing diversity of Quality Council membership. Michael commented that increasing consumer representation on the Quality Council and findings ways to bring input into the Quality Council from individuals and other public bodies external to the Quality Council were both possible options.
- One member said he would like to see efforts to collect more robust data sooner in order to avoid data lag when the Quality Council makes recommendations. Michael said the Quality Council’s data come primarily from health plans who typically collect data for NCQA accreditation purposes and must wait for claims to be paid (“run out”). The member asked if a Health Information Exchanges (HIE) could solve this problem. Michael said HIEs can provide more timely performance data, but rely on complete documentation within EHRs or else underreporting results. Michael described recent problems experienced in this respect in Rhode Island during a transition to electronic clinical quality measures (eCQMs). The member noted that CMS’ Medicare Shared Savings Program is going to start requiring eCQM data submission in an optional model in 2024 and likely a required model for 2025. The member suggested that the Quality Council send recommendations to Connie about aligning functionality to support the Quality Council’s aims and focusing on priority measures (e.g., eCQM and NCQA measures required to be reported electronically).
- One member said he appreciated seeing data from neighboring states for comparison purposes. He also expressed appreciation for how OHS and Bailit structure the Work Group process (i.e., sharing reminders and recommendations).

7.	Council Action: Meeting Adjournment	Hanna Nagy	5:50pm
Steve Wolfson made a motion to adjourn the meeting. Ellen Carter seconded the motion. There were no objections. The meeting adjourned at 5:01pm.			

Upcoming Meeting Date:

January 2024 (date and time to be determined)

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

[Quality Council \(ct.gov\)](https://www.ct.gov/quality-council)