# Quality Council
May 18, 2023

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# Agenda

| Time | Topic |
|------|-------|
| 4:00 p.m. | Call to Order and Roll Call |
| 4:05 p.m. | Public Comment |
| 4:10 p.m. | Approval of April 20, 2023 Meeting Minutes — Vote |
| 4:15 p.m. | Continue 2023 Aligned Measure Set Annual Review |
| 5:50 p.m. | Wrap-up and Next Steps |
| 6:00 p.m. | Adjourn |

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# Call to Order and Roll Call

# Public Comment

# Approval of April 20, 2023 Meeting Minutes—Vote

# 2023 Aligned Measure Set Annual Review

# Summary of Recommendations from March and April Meetings

# Summary of March and April Meetings (1 of 5)

- The Quality Council reviewed all the Aligned Measure Set measures during the March 16th and April 20th meetings and made the following recommendations:

    A. Retain the following six measures in the Core Set:

    1. *Child and Adolescent Well-Care*

    2. *Controlling High Blood Pressure*

    3. *Health Equity Measure*

    4. *HbA1c Poor Control*

    5. *Plan All-Cause Readmission*

    6. *Prenatal and Postpartum Care*

# Summary of March and April Meetings (2 of 5)

B. Elevate one measure from the Menu Set to the Core Set:

1. *Social Determinants of Health Screening*

C. Retain the following eighteen measures in the Menu Set:

1. *Asthma Medication Ratio*
2. *Behavioral Health Screening\**
3. *Breast Cancer Screening*
4. *Cervical Cancer Screening*
5. *Chlamydia Screening in Women*
6. *Colorectal Cancer Screening*

7. *Developmental Screening in the First Three Years of Life*
8. *Eye Exam for Patients with Diabetes*
9. *Follow-up Care for Children Prescribed ADHD Medication*

\*Medicaid-only measure

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# Summary of March and April Meetings (3 of 5)

C. Retain the following eighteen measures in the Menu Set (Cont'd):

10. *Immunization for Adolescents (Combo 2)*

11. *Kidney Health Evaluation for Patients with Kidney Disease*

12. *Metabolic Monitoring for Children and Adolescents on Antipsychotics\**

13. *CAHPS Patient Centered Medical Home (PCMH) Item Set*

14. *Screening for Depression and Follow-up Plan*

15. *Substance Use Assessment in Primary Care*

16. *Transitions of Care*

17. *Use of Pharmacotherapy for Opioid Use Disorder*

18. *Well-Child Visits in the First 30 Months of Life*

*\*Medicaid-only measure*

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# Summary of March and April Meetings (4 of 5)

- The Quality Council had a follow-up request related to two Aligned Measure Set Measures, which we will discuss today.

    1. *Follow-up After Emergency Department Visit for Mental Illness (7-Day)*

    2. *Follow-up After Hospitalization for Mental Illness (7-Day)*

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# Summary of March and April Meetings (5 of 5)

- The Quality Council expressed interest in considering the following categories of measures at the end of the annual review process. We will discuss these measure categories today:

    - Postpartum care measures

    - Safe opioid prescribing measures

        - We will also discuss whether to retain *Concurrent Use of Opioids and Benzodiazepines* when we discuss the safe opioid prescribing measures.

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# Follow-up Tasks from the March and April Meetings

# Follow-up After Emergency Department Visit for Mental Illness (Core) & Follow-up After Hospitalization for Mental Illness (Menu)

- During the March 16th and April 20th meetings, the Quality Council asked about denominator size for these two "follow-up" measures.

  - *Follow-up After Emergency Department Visit for Mental Illness*:  A Quality Council member recommended reviewing the measure due to denominator size.

  - *Follow-up After Hospitalization Visit for Mental Illness*:  A Quality Council member recommended elevating the measure to the Core Set, but other members were concerned about denominator size.

- OHS reached out to DSS and two insurance carriers about Medicaid and commercial denominator size at the Advanced Network level.

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# Follow-up After Emergency Department Visit for Mental Illness (Core) & Follow-up After Hospitalization for Mental Illness (Menu) (Cont'd)

- DSS shared the following Medicaid measure denominator data:

**2021 Medicaid Denominators for FUM (7-Day) and FUH (7-Day) by Attribution TIN**

|  | Minimum | Maximum | Median |
|---|---|---|---|
| *Follow-up After Emergency Department Visit for Mental Illness (7-Day)* | 32 | 878 | 78 |
| *Follow-up After Hospitalization Visit for Mental Illness (7-Day)* | 32 | 689 | 74 |

**Note:** Does not include unattributed members

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

| 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 75th and 90th percentiles) | 50% (between National 75th and 90th percentiles) |

* Phase 2 Quality Benchmark measure

# Follow-Up After Hospitalization 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 (Ages 6-17); CMS Medicaid Adult Core Set (Ages 18+); CMS MIPS; Core Quality Measures Collaborative Core Set |

| Equity Analysis |
|---|
| • 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 90th percentile) | 48% (between National 75th and 90th percentiles) |

* Phase 2 Quality Benchmark measure

# Additional Measures for Consideration

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# Maternity Measure

- During the March 16th meeting, the Quality Council recommended retaining *Prenatal and Postpartum Care* in the Core Set.

  - A Quality Council member expressed interest in adding a measure to the Aligned Measure Set that (a) focuses on postpartum care, (b) assesses postpartum visits sooner than 12 weeks, and (c) includes physical, psychological and social assessments.

- Bailit Health identified a MIPS measure, *Maternity Care: Postpartum Follow-up and Care Coordination*, that could fill this gap.

# Maternity Measure (Cont'd)

| Measure Name | Data Source | Measure Steward | Description |
|---|---|---|---|
| *Maternity Care: Postpartum Follow-up and Care Coordination* | Claims/ Clinical Data | American Medical Association-convened Physician Consortium for Performance Improvement (AMA-PCPI) | Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for post-partum care within 8 weeks of giving birth who received a breast-feeding evaluation and education, post-partum depression screening, post-partum glucose screening for gestational diabetes patients, and family and contraceptive planning |

- **Is the Quality Council interested in adding *Maternity Care: Postpartum Follow-up and Care Coordination* to the 2024 Aligned Measure Set?**

  ▫ If so, should it be added to the Menu or Core Set?

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# Opioid Safe Prescribing Measures

- During the March 16th meeting, a Quality Council member expressed interested in considering additional measures focused on safe opioid *prescribing*, unrelated to substance use *treatment*.

  - As a reminder, the opioid-related measures currently in the Connecticut Aligned Measure Set are:

    - *Concurrent Use of Opioids and Benzodiazepines* (Pharmacy Quality Alliance)
    - *Use of Pharmacotherapy for Opioid Use Disorder* (CMS)
    - *Substance Use Assessment in Primary Care* (Inland Empire Health Plan)

# Opioid Prescribing Measures

- Bailit Health identified the following HEDIS measures related to safe prescribing of opioids:

  1. *Use of Opioids at High Dosage* (NCQA)
  2. *Use of Opioids from Multiple Providers* (NCQA)
  3. *Risk of Continued Opioid Use* (NCQA)

- Measure descriptions and performance are included on the following slides.

  - Performance data are only shown for the commercial market for measures #2 and #3 because NCQA's Quality Compass does not include Connecticut Medicaid performance data because Connecticut Medicaid does not contract with managed care plans and DSS does not currently use these measures.

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# Use of Opioids at High Dosage (NCQA)

| | |
|---|---|
| **Description** | For members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days during the measurement year at a high dosage (average morphine equivalent dose [MED] >120 mg). |
| **Commercial Performance (2021)*** | 10.1% (below the national 25th percentile) |
| **Medicaid Performance (2021)*** | 7.3% (between national 25th and 50th percentiles) |

* Lower performance indicates better performance for this measure.

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# Use of Opioids from Multiple Providers (NCQA)

| | |
|---|---|
| **Description** | For members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported.<br>• **Multiple Prescribers**: The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.<br>• **Multiple Pharmacies**: The rate per 1,000 of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.<br>• **Multiple Prescribers and Multiple Pharmacies**: The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the rate per 1,000 of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates). |
| **Commercial Performance (2021)*** | • **Multiple Prescribers**:  1.1% (between national 50th and 75th percentiles)<br>• **Multiple Pharmacies**:  17.8% (below national 25th percentile)<br>• **Multiple Prescribers and Multiple Pharmacies**:  0.5% (between national 50th and 75th percentiles) |

* Lower performance indicates better performance for this measure.

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# Risk of Continued Opioid Use (NCQA)

| Description | Percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use.  Two rates are reported:<br>• The percentage of members with at least 15 days of prescription opioids in a 30-day period.<br>• The percentage of members with at least 31 days of prescription opioids in a 62-day period. |
|---|---|
| Commercial Performance (2021)* | • **>=15 days**:  3.7% (between national 50th and 75th percentiles) |
| | • **>=31 days**:  1.5% (between national 50th and 75th percentiles) |

\* Lower performance indicates better performance for this measure.

# Risk of Continued Opioid Use (NCQA) (Cont'd)

- The Substance Use Treatment Work Group of the Massachusetts Quality Measure Alignment Task Force reviewed *Risk of Continued Opioid Use* and raised the following concerns:

  - Illicit use, and not prescribed use, is the greatest problem. Therefore, additional focus on opioid prescribing is not warranted.
  - Discontinuation of medications may cause harm.
  - This measure may lead to discrimination against BIPOC patients.
  - There is a risk of not appropriately treating pain for new medication starts.
  - There is potential to misrepresent prescribing patterns (e.g., providers will perform well on the measure if they prescribe frequent prescriptions with small numbers of pills in each).

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# Opioid Prescribing Measures

- Is the Quality Council interested in adding any of the following measures to the 2024 Aligned Measure Set?

  1. *Use of Opioids at High Dosage* (NCQA)
  2. *Use of Opioids from Multiple Providers* (NCQA)
  3. *Risk of Continued Opioid Use* (NCQA)

- If so, should the measures be included in the Menu Set or Core Set?

- If any of the aforementioned measures are added to the Aligned Measure Set, does the Quality Council recommend removing any other opioid-related measures currently in the Aligned Measure Set?

  ▫ *Concurrent Use of Opioids and Benzodiazepines* (Pharmacy Quality Alliance)

  ▫ *Use of Pharmacotherapy for Opioid Use Disorder* (CMS)

  ▫ *Substance Use Assessment in Primary Care* (Inland Empire Health Plan)

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# Discuss CTAHP Aligned Measure Set Proposal

# CTAHP Aligned Measure Set Proposal (1 of 3)

- The Connecticut Association of Health Plans (CTAHP) has proposed a new model for the 2024 and 2025 Aligned Measure Sets.

- CTAHP's rationale for proposing this model is as follows:

  - Current quality metrics may already be locked in by contract for three years or more.

  - If a carrier is required to collect clinical data from a provider group for a Core Measure, it is likely to be met with resistance.

  - Some flexibility with regards to implementation, such as the time of renewal of the contract, in the next two years will alleviate provider discomfort regarding changes mid-way through a contract term.

    - ***Note:*** *OHS does not require changes in contract measures mid-contract.*

# CTAHP Aligned Measure Set Proposal (2 of 3)

- CTAHP proposes OHS establish a **minimum number of Core Measures to be used at the "category" level** rather than establishing a set number of individual Core Measures that insurers and providers should use in all contracts.

- CTAHP requests that this category model be in place for the **2024 and 2025 Aligned Measure Sets**, then transition to standardized metrics in subsequent years, guided by the Quality Council.

- The following slide shows CTAHP's proposed category level model.

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# CTAHP Aligned Measure Set Proposal (3 of 3)

| Category | Eligible Measures |
|---|---|
| **Care Coordination** | 1. Plan All-Cause Readmission |
| **Acute & Chronic Care** (pick 2) | 1. Controlling High Blood Pressure<br>2. HbA1c Poor Control (>9.0%)<br>3. HbA1c Control (<8.0%)** |
| **Prevention** (pick 2) | 1. Child and Adolescent Well-Care Visits<br>2. Prenatal and Postpartum Care<br>3. Breast Cancer Screening*<br>4. Chlamydia Screening* |
| **Behavioral Health** (pick 1) | 1. Follow-up After ED Visit for Mental Illness (7-Day)<br>2. Screening for Depression and Follow-up Plan* |
| **Health Equity** (pick 1) | 1. Health Equity Measure<br>2. Health disparities (to be identified by the provider)**<br>3. Screening for Social Determinants of Health |

* Measure is currently a Menu Measure.
** Measure is not currently included in the Aligned Measure Set

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# Current Aligned Measure Set Structure

- As a reminder, the current Aligned Measure Set structure specifies 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*

# Review Final Recommendations for 2024 Aligned Measure Set

# Recommended 2024 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)** *Quality Council did not come to consensus on a recommendation*
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. **Social Determinants of Health Screening**
9. Asthma Medication Ratio
10. Behavioral Health Screening*
11. Breast Cancer Screening
12. Cervical Cancer Screening
13. Chlamydia Screening in Women
14. Colorectal Cancer Screening
15. Concurrent Use of Opioid and Benzodiazepines

16. Developmental Screening in the First Three Years of Life
17. Eye Exam for Patients with Diabetes
18. Follow-Up Care for Children Prescribed ADHD Medication
19. Follow-Up After Hospitalization for Mental Illness (7-Day) *Quality Council did not come to consensus on a recommendation*
20. Immunizations for Adolescents (Combo 2)
21. Kidney Health Evaluation for Patients with Diabetes
22. Maternity Care: Postpartum Follow-up and Care Coordination
23. Metabolic Monitoring for Children and Adolescents*
24. PCMH CAHPS Survey
25. Screening for Depression and Follow-Up
26. Substance Use Assessment in Primary Care
27. Transitions of Care
28. Use of Opioids at High Dosage
29. Use of Pharmacotherapy for Opioid Use Disorder
30. Well-Child Visits in the First 30 Months of Life

*Medicaid-only measure
**Core Measures are in bold**

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# Wrap-up & Next Steps

# Meeting Wrap-Up & Next Steps

**6/15**

- 2022 Insurer Fidelity Assessment
- 2024 Aligned Measure Set Implementation Guidance
- Strategies to improve performance on Quality Benchmark measures

# Appendix

# Aligned Measure Set
# 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.

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# 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.

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# 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.

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