



Quality Council
April 18, 2024

Agenda

<u>Time</u>	<u>Topic</u>
3:00 p.m.	Call to Order and Roll Call
3:05 p.m.	Approval of February 22, 2024 and March 21, 2024 Meeting Minutes – Vote
3:10 p.m.	2022 Quality Benchmark Performance
4:00 p.m.	Continue 2024 Aligned Measure Set Annual Review
4:50 p.m.	Public Comment
4:55 p.m.	Meeting Wrap-Up and Next Steps
5:00 p.m.	Adjournment

Call to Order and Roll Call

Approval of February 22, 2024 and March 21, 2024 Meeting Minutes - Vote

2022 Quality Benchmark Performance

Overview of Connecticut's Quality Benchmarks

- In 2020, Governor Lamont issued Executive Order No. 5, directing OHS to develop annual Quality Benchmarks for CY 2022–2025.
- In 2021, OHS selected seven Quality Benchmark measures and Benchmark values for phased implementation, with guidance from the OHS Quality Council.
- In 2022, Public Act 22–118 §§217–223 essentially codified Executive Order No. 5 and created new Quality Benchmark reporting requirements.

Phase 1: Beginning for 2022

- Asthma Medication Ratio
- Controlling High Blood Pressure
- Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control

Phase 2: Beginning for 2024

- Child and Adolescent Well-Care Visits
- Follow-up After Hospitalization for Mental Illness (7-day)
- Follow-up After ED Visit for Mental Illness (7-day)
- Obesity Equity Measure

Quality Benchmark Values (1 of 2)

- The Quality Council acknowledged that baseline performance varies by market, and recommended setting separate benchmark values for each.
- The Quality Council considered market-specific performance in 2019 and selected 2025 Benchmark values after considering market-specific national and New England performance.
 - In 2023, the Quality Council reviewed the values using more recent performance data and recommended modifications to the benchmark values.
- The Quality Council also developed recommendations for interim annual benchmark values for 2022, 2023 and 2024 for Phase 1 Quality Benchmark measures.

Quality Benchmark Values (2 of 2)

- For each measure, the Quality Council strived to select 2025 benchmark values that:
 - Motivated meaningful quality improvement;
 - Could be reasonably attained by 2025; and
 - Were equally ambitious for each market (i.e., the difference in the baseline rate and the 2025 benchmark value for each measure should be similar across markets).

2022 Phase 1 Quality Benchmark Values

Quality Benchmark Measure	Commercial	Medicare Advantage	Medicaid
Asthma Medication Ratio (Ages 5-18)	79.0%	NA	66.0%
Asthma Medication Ratio (Ages 19-64)	78.0%	NA	63.0%
Controlling High Blood Pressure	61.0%	73.0%	61.0%
HbA1c Control for Patients with Diabetes: HbA1c Poor Control*	27.0%	20.0%	37.0%

- The 2023–2025 benchmark values for the Phase 1 measures and the 2024–2025 values for the Phase 2 measures are in the presentation Appendix.

*A lower rate indicates better performance for HbA1c Poor Control

Quality Benchmark Data Request

- In 2023, OHS requested calendar year 2022 performance data by market and by Advanced Network from insurance carriers and DSS for the three Phase 1 Quality Benchmark measures.

Quality Benchmark Measure	Levels of Data Collection		
	Commercial	Medicare Advantage	Medicaid
Asthma Medication Ratio	Insurer; Advanced Network	NA	Insurer; Advanced Network
Controlling High Blood Pressure	Insurer; Advanced Network	Insurer; Advanced Network	Insurer
Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control	Insurer; Advanced Network	Insurer; Advanced Network	Insurer

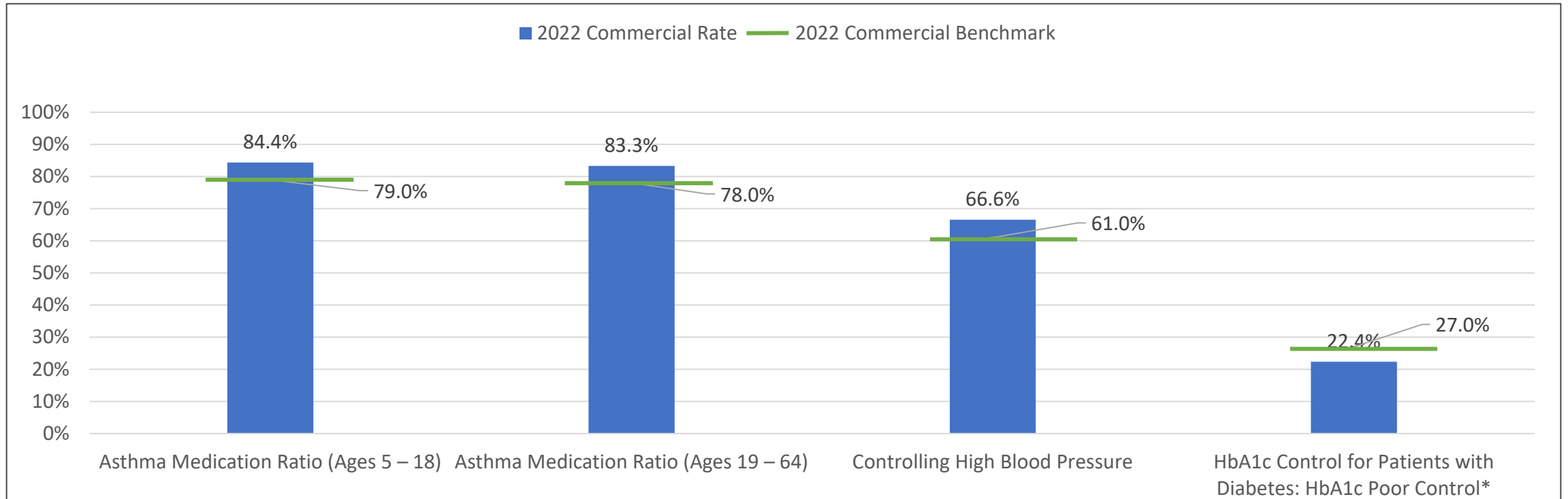
Quality Benchmark Analysis Methodology

- For the commercial and Medicare Advantage markets, insurers submitted performance for Advanced Networks **when the insurer included the given Quality Benchmark measure in its 2022 contract** with an Advanced Network, *and* when the insurer **had the requisite data** to calculate performance for an Advanced Network.
- Advanced Network performance on each measure was **aggregated across insurers**. Performance is only reported if the aggregated measure denominator met the minimum threshold per NCQA guidelines.

Quality Benchmark Analysis Limitations

- ***Controlling High Blood Pressure and HbA1c Control for Patients with Diabetes: HbA1c Poor Control*** require both claims and clinical data to calculate.
 - Insurers were not able to report Quality Benchmark performance data for many Advanced Networks for these measures.
 - Where insurers did report Advanced Network data for these measures, the reported population did not always meet minimally acceptable denominator threshold.
- Two insurers, Elevance and UnitedHealthcare, did not submit complete quality performance data to OHS, and thus these data were not included in OHS' analysis.

Statewide Commercial Quality Benchmark Performance

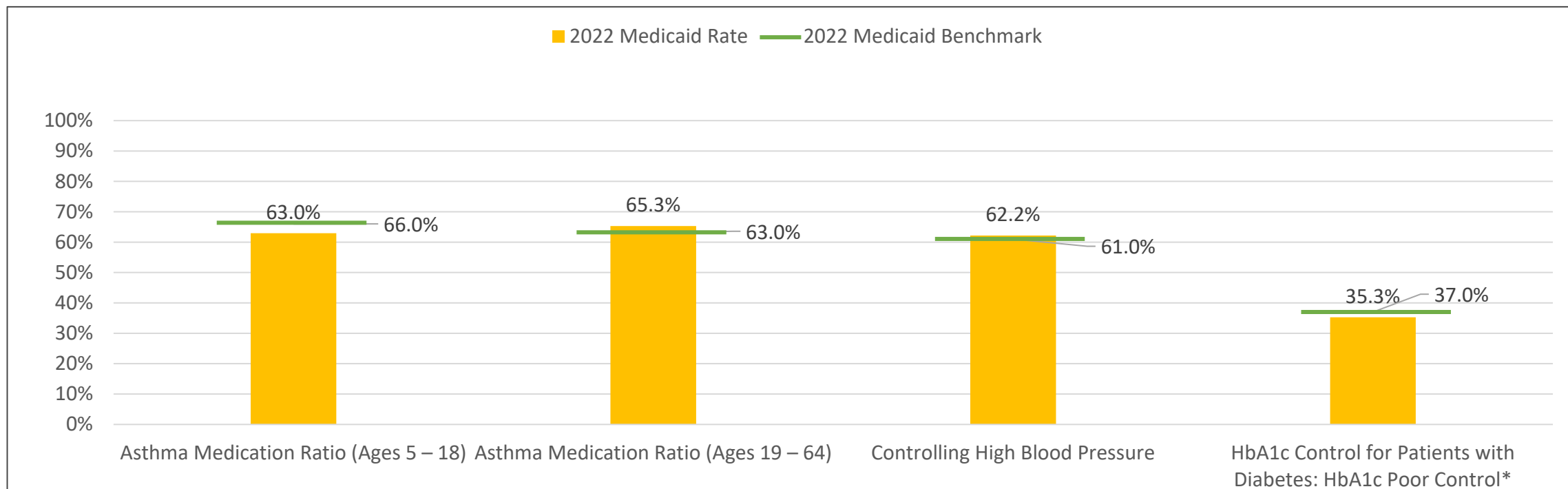


*A lower performance rate indicates better performance for HbA1c Poor Control.

Data Source: OHS collected performance data from insurance carriers.

Notes: Commercial performance is a weighted average of insurer performance, using commercial member months from OHS' cost growth benchmark data request.

Statewide Medicaid Quality Benchmark Performance

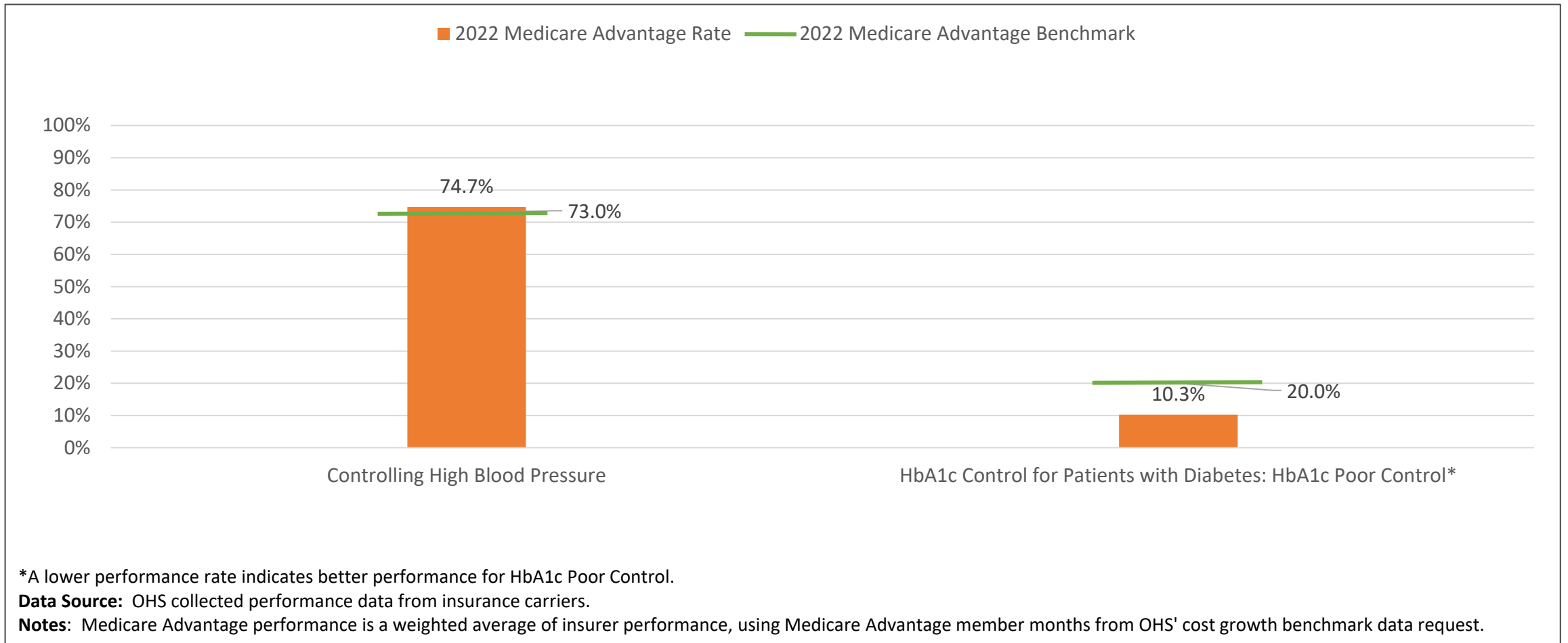


*A lower performance rate indicates better performance for HbA1c Poor Control.

Data Source: OHS collected performance data from the Department of Social Services (DSS).

Notes: Medicaid performance includes HUSKY A/B, HUSKY C, and HUSKY D but excludes Medicare/Medicaid dual eligible members. Medicaid performance for the hybrid measures (Controlling High Blood Pressure and HbA1c Poor Control) are a weighted average of HUSKY A/B, HUSKY C and HUSKY D.

Statewide Medicare Advantage Quality Benchmark Performance



Commercial Payers' Quality Benchmark Performance

Payer	Asthma Medication Ratio, Ages 5-18 Benchmark: 79.0%	Asthma Medication Ratio, Ages 19-64 Benchmark: 78.0%	Controlling High Blood Pressure Benchmark: 61.0%	HbA1c Poor Control* Benchmark: 27.0%
Aetna	80.4%	85.0%	56.2%	19.8%
Cigna	87.4%	87.7%	67.9%	29.4%
ConnectiCare	89.1%	89.7%	72.3%	28.3%
Elevance	85.1%	82.0%	67.2%	19.7%
UnitedHealthcare	81.8%	77.1%	72.2%	22.2%

*A lower rate indicates better performance for HbA1c Poor Control

Medicare Advantage Payers' Quality Benchmark Performance

Payer	Controlling High Blood Pressure Benchmark: 73.0%	HbA1c Poor Control* Benchmark: 20.0%
Aetna	74.3%	10.0%
ConnectiCare	79.6%	17.8%
Elevance	64.7%	27.3%
UnitedHealthcare	75.5%	7.1%

*A lower rate indicates better performance for HbA1c Poor Control

Advanced Network Quality Benchmark Performance

- The following slides present Advanced Network performance on the three Phase 1 Quality Benchmark Measures.
- OHS has used green and red color coding to indicate whether Advanced Networks met the 2022 Quality Benchmark Values for ***Asthma Medication Ratio***.
- OHS has not indicated whether Advanced Networks met the 2022 Quality Benchmark values for ***Controlling High Blood Pressure*** and ***HbA1c Poor Control*** because performance rates suggest that insurers may not have included all requisite clinical data necessary to calculate performance against the Quality Benchmark Value.

Advanced Network Commercial Quality Benchmark Performance

Advanced Network	Asthma Medication Ratio, Ages 5-18 Benchmark: 79.0%	Asthma Medication Ratio, Ages 19-64 Benchmark: 78.0%	Controlling High Blood Pressure Benchmark: 61.0%	HbA1c Poor Control* Benchmark: 27.0%
Community Medical Group	83.2%	86.0%	79.8%	46.5%
CT Children's Medical Center	79.1%	-	-	-
CT State Medical Society IPA	-	78.5%	-	-
Integrated Care Partners	90.0%	81.7%	68.2%	56.9%
Northeast Medical Group	-	86.6%	67.5%	41.1%
OptumCare Network of CT	89.3%	81.0%	-	-
ProHealth	84.5%	83.3%	70.5%	12.5%
Prospect CT Medical Foundation	-	90.0%	43.2%	60.3%
SoNE Health	-	84.4%	82.0%	38.4%
Stamford Medical Group	-	85.9%	-	-
Starling Physicians	-	89.0%	-	-
UConn Medical Group	-	65.5%	-	-
Value Care Alliance	-	80.0%	-	-

*A lower rate indicates better performance for HbA1c Poor Control

Advanced Network Medicaid Quality Benchmark Performance (1 of 2)

Advanced Network	Asthma Medication Ratio, Ages 5-18 Benchmark: 66.0%	Asthma Medication Ratio, Ages 19-64 Benchmark: 63.0%
Charter Oak Health Center	65.6%	65.2%
CIFC Greater Danbury CHC	52.3%	71.8%
Community Health and Wellness Center of Greater Torrington	-	72.3%
Community Health Center	54.5%	67.9%
Community Health Services	33.3%	63.7%
CT Children's Medical Center	63.7%	68.7%
Cornell Scott Hill Health Center	68.1%	67.0%
Fair Haven CHC	61.6%	65.1%
First Choice CHC	70.7%	66.9%
Generations Family Health Center	63.5%	66.3%
Integrated Care Partners	70.8%	67.5%
Northeast Medical Group	57.3%	66.6%

Advanced Network Medicaid Quality Benchmark Performance (2 of 2)

Advanced Network	Asthma Medication Ratio, Ages 5–18 Benchmark: 66.0%	Asthma Medication Ratio, Ages 19–64 Benchmark: 63.0%
Optimus Health Care	49.8%	61.8%
ProHealth	65.9%	68.6%
Prospect CT Medical Foundation	82.8%	65.0%
SoNE Health	-	67.2%
Southwest CHC	53.5%	49.3%
Stamford Medical Group	-	66.4%
Starling Physicians	76.6%	66.9%
UConn Medical Group	-	67.3%
United Community and Family Services	57.5%	52.3%
Wheeler Clinic	54.5%	66.2%
Yale Medicine	-	67.2%

Advanced Network Medicare Advantage Quality Benchmark Performance

Advanced Network	Controlling High Blood Pressure Benchmark: 73.0%	HbA1c Poor Control* Benchmark: 20.0%
CT State Medical Society IPA	-	22.9%
Integrated Care Partners	76.3%	20.0%
Northeast Medical Group	68.3%	26.9%
ProHealth	69.0%	50.3%
Prospect CT Medical Foundation	30.5%	39.5%
SoNE Health	81.0%	19.6%
Starling Physicians	58.8%	40.8%
Value Care Alliance	90.6%	14.7%
Yale Medicine	50.8%	51.4%

*A lower rate indicates better performance for HbA1c Poor Control

Takeaway Observations

- At the market and payer levels, performance was strong for ***Asthma Medication Ratio*** and ***Controlling High Blood Pressure*** and opportunity for improvement exists for ***HbA1c Poor Control***.
- There was significant variation across Advanced Networks on these measures, especially for ***Controlling High Blood Pressure*** and ***HbA1c Poor Control***.
 - The challenges OHS encountered with collecting complete and valid data underscores the **need for insurers to integrate quality benchmark measures into value-based contracts** with Advanced Networks and to **collect the requisite clinical data to accurately report performance** against the Quality Benchmark Values.

Discussion

1. What reactions does the Quality Council have to these results?
2. Does the Quality Council have any suggestions for improving OHS' reporting on Advanced Network performance?

Continue 2024 Aligned Measure Set Annual Review

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 of 2)

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 (2 of 2)

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.

Overview of the Annual Review Process

Data Sources for Six Considerations (1 of 4)

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 2023 and those newly proposed by NCQA in 2024.

2. What is the measure's 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 (2024)

Data Sources for Six Considerations (2 of 4)

3. Is the measure currently utilized by Connecticut payers?

- We identified whether the measure is in use by payers (5 insurance carriers in their commercial contracts, DSS PCMH+ Measure Set and OSC) in 2024 using data from the 2024 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
 - Stratified performance shared by DSS

Data Sources for Six Considerations (3 of 4)

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 provided by DSS. We compared Medicaid performance on HEDIS measures to NCQA's national benchmarks.
- 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 (4 of 4)

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 2023 and January 2024.
- 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).

Summary of Recommendations from the March Quality Council Meeting

Summary of Recommendations from the March Quality Council Meeting (1 of 4)

- During the March Quality Council Meeting, the Quality Council finished reviewing the Core Measures and began reviewing the Menu Measures and made the following recommendations:
 - **Move two measures from the Core to the Menu Set:**
 1. *Health Equity Measure*
 2. *Social Determinants of Health Screening*
 - **Add one measure to the Menu Set:**
 1. *Race, Ethnicity and Language Data Completeness Measure* (The Quality Council recommended moving this measure to the Core Set in 2026.)

Summary of Recommendations from the March Quality Council Meeting (2 of 4)

- During the March Quality Council Meeting, the Quality Council finished reviewing the Core Measures and began reviewing the Menu Measures and made the following recommendations:
 - **Retain five measures in the Menu Set:**
 1. *Breast Cancer Screening*
 2. *Cervical Cancer Screening*
 3. *Chlamydia Screening*
 4. *Colorectal Cancer Screening*
 5. *Follow-Up Care for Children Prescribed ADHD Medication*

Summary of Recommendations from the March Quality Council Meeting (3 of 4)

- During the March Quality Council Meeting, the Quality Council finished reviewing the Core Measures and began reviewing the Menu Measures and made the following recommendations:
 - **Remove two measures from the Menu Set:**
 1. *Asthma Medication Ratio*
 2. *Concurrent Use of Opioids and Benzodiazepines*

Summary of Recommendations from the March Quality Council Meeting (4 of 4)

- During the March Quality Council Meeting, the Quality Council **did not come to consensus on a recommendation** for the following Menu measures:
 1. *Developmental Screening in the First Three Years of Life*
 - The Quality Council asked if Bailit Health could answer two questions about this measure before it decided to recommend retaining or removing the measure.
 2. *Eye Exam for Patients with Diabetes*
 - The Quality Council requested to review all the diabetes measures together, including those recommended for addition to the Aligned Measure Set.

Follow-Up Topics from the March Quality Council Meeting

Developmental Screening in the First Three Years of Life (Menu) (1 of 5)

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

- DSS reported that in 2022, Developmental Screening rates were highest for Hispanic members (68.3%), followed by White (66.2%), Black (63.4%) and Asian members (62.7%) (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
None	Yes (DSS)	NA	64% (in the top quartile nationally)

Developmental Screening in the First Three Years of Life (Menu) (2 of 5)

- OHS received the following feedback on this measure from a provider:
 - The provider recommended **removing this measure** from the Aligned Measure Set because it relies on clinical data and would require significant administrative burden to calculate, and, given the heterogeneity of electronic health records, would be unlikely to be measured accurately.
 - **Note:** This measure is a scoring measure in DSS' Person-Centered Medical Home Plus (PCMH+) Program and DSS calculates performance using the administrative rate (i.e., not relying on clinical data).

Developmental Screening in the First Three Years of Life (Menu) (3 of 5)

- In March, the Quality Council asked if Bailit Health could answer two questions about this measure before it decided to recommend retaining or removing the measure:

1. ***Does Developmental Screening in the First Three Years of Life prescribe a screening tool?***

- Bailit Health confirmed that there is not a prescribed screening tool but there are criteria that the selected tool is required to meet. The measure specifications provide examples of nine tools that meet the criteria, including the following tools:
 - Ages and Stages Questionnaire
 - Parents' Evaluation of Developmental Status (PEDS)
 - Parent's Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)
 - Survey of Well-Being in Young Children (SWYC)

Developmental Screening in the First Three Years of Life (Menu) (4 of 5)

- In March, the Quality Council asked if Bailit Health could answer two questions about this measure before it decided to recommend retaining or removing the measure:

2. Is the Medicaid performance rate (64%) a true reflection of Connecticut performance or is performance skewed due to issues of documentation or access to services?

- DSS shared that its performance rate is calculated using administrative data (i.e., claims) and that it has educated its PCMH practices about the use of the relevant billing code (96110 CPT code).

Developmental Screening in the First Three Years of Life (Menu) (5 of 5)

- Bailit Health also reached out to contacts in Massachusetts and Rhode Island to get additional feedback on this measure.
- Reflections from Massachusetts are summarized below:
 - Massachusetts Medicaid shared that it has seen consistently high documentation of developmental screening results, as reporting of the modifiers are required for payment.
 - A Massachusetts pediatric provider said they were not sure that this measure would significantly improve actual developmental screening rates, but may incentivize providers to bill and code correctly.

Diabetes Measures

- In March, the Quality Council requested to review all the diabetes measures together, including those recommended for addition to the Aligned Measure Set.
- There are three diabetes measures in the 2024 Aligned Measure Set:
 1. *Glycemic Status Assessment for Patients with Diabetes (>9.0%) (Core)*
 - During the February Quality Meeting, the Quality Council reviewed this measure and recommended retaining it as a Core Measure in the 2025 Aligned Measure Set.
 2. *Eye Exam for Patients with Diabetes (Menu)*
 3. *Kidney Health Evaluation for Patients with Diabetes (Menu)*

Eye Exam for Patients with Diabetes (Menu) (1 of 3)

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 (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Major Changes for MY 2024 & No Proposed Changes for MY 2025	Yes (4 insurers; DSS)	66% (above National 90 th percentile)	64% (above National 90 th percentile)

Eye Exam for Patients with Diabetes (Menu) (3 of 3)

- OHS received the following feedback on this measure from a provider:
 - The provider recommended **removing this measure** from the Aligned Measure Set because the provider does not have ophthalmology and does not offer scanning services in its practices. The provider also noted that the scan results are challenging to collect from providers outside of its network.

Kidney Health Evaluation for Patients with Diabetes (Menu) (1 of 2)

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).
- DSS reported that in 2022, Kidney Health Evaluation performance rates were highest for Asian members (46.3%), followed by Hispanic (38.0%), Black (35.2%) and White (32.0%) members (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Major Changes for MY 2024 & No Proposed Change for MY 2025	Yes (3 insurers)	44% (between National 50 th and 75 th percentiles)	36% (between National 50 th and 75 th percentiles)

Statin Therapy for Patients with Diabetes (1 of 2)

- A provider recommended that OHS add *Statin Therapy for Patients with Diabetes* to the 2025 Aligned Measure Set.
 - **Rationale:**
 - Clinical trials indicate that statins reduce the incidence of cardiovascular events in patients with diabetes. Statin adherence enhances clinical outcomes and avoids costly complications associated with the end organ sequelae of diabetes.
 - Supporting medication adherence also enhances health outcomes for patients with chronic conditions that are prevalent in communities of color and social vulnerability.
 - Promoting medication adherence requires clinical providers and their teams to support their patients by helping them manage issues of medication access and affordability, as well as health literacy.

Statin Therapy for Patients with Diabetes (2 of 2)

Statin Therapy for Patients with Diabetes	
Measure Steward	National Committee for Quality Assurance
Measure Description	<p>The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:</p> <ol style="list-style-type: none">Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.
Data Source	Claims
Commercial Performance (2022)	Received Statin Therapy: 66% (between national 50 th and 75 th percentiles) Statin Adherence 80%: 78% (between national 50 th and 75 th percentiles)
Medicaid Performance (2022)	NA (DSS does not calculate performance on this measure)

Diabetes Measures – Summary

Measure Name	Measure Set Status	Measure Description
<i>Glycemic Status Assessment for Patients with Diabetes (>9.0%)</i>	Core	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at >9.0% during the measurement year.
<i>Eye Exam for Patients with Diabetes</i>	Menu	The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
<i>Kidney Health Evaluation for Patients with Diabetes</i>	Menu	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.
<i>Statin Therapy for Patients with Diabetes</i>	Recommended for Addition	The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who received statin therapy and remained on a statin medication of any intensity for at least 80% of the treatment period.

Continue Review of Individual Menu Measures

Questions to Consider

- As you review each measure, please consider:
 1. how the measure performs against the previously 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 (e.g., elevating to Core or moving from Core to Menu).
- Please also consider whether any of the measures are “low value” measures, in keeping with our 2024 Quality Council goal to remove such measures from the set.

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

- DSS reported that in 2022, Immunization for Adolescents performance rates were highest for Hispanic members (39.4%), followed by Black (26.8%), White (24.4%) and Asian (24.1%) members (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Changes for MY 2024 & Major Change for MY 2025 (transition to electronic reporting only)	Yes (3 insurers)	26% (below National 25 th percentile)	38% (between National 50 th and 75 th percentiles)

*Combo 2 includes meningococcal, Tdap and HPV

Maternity Care: Postpartum Follow-up and Care Coordination (Menu) (1 of 2)

Measure Steward: American Medical Association–convened Physician Consortium for Performance Improvement

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Merit–based Incentive Payment System (MIPS) Measure

Equity Analysis

- In CT, Other race, non-Hispanic women were the most likely to report postpartum depressive symptoms within the first nine months following delivery of a live birth, followed by Hispanic women, and then non-Hispanic Black women. Non-Hispanic White women were the least likely to report these symptoms (CT State Health Assessment, 2020).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
None	None (measure newly added to 2024 Aligned Measure Set to fill postpartum care measure gap)	NA	NA

Maternity Care: Postpartum Follow-up and Care Coordination (Menu) (2 of 2)

- OHS received the following feedback on this measure from a provider:
 - The provider recommended **removing this measure** from the Aligned Measure Set because the provider feels it is duplicative of *Prenatal and Postpartum Care* which is a Core Measure in the 2024 Aligned Measure Set.
 - **Note:** The Quality Council recommended adding *Maternity Care: Postpartum Follow-up and Care Coordination* to the Aligned Measure Set because it includes more comprehensive requirements for a postpartum visit than *Prenatal and Postpartum Care*, particularly behavioral health screening.

Prenatal & Postpartum Care (Core) (1 of 2)

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 (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Changes for MY 2024 & No Proposed Changes for MY 2025	Yes (2 insurers; DSS)	Timeliness of Prenatal Care: 90% (between National 50 th and 75 th percentiles)	Timeliness of Prenatal Care: 92% (above National 90 th percentile)
		Postpartum Care: 87% (between National 50 th and 75 th percentiles)	Postpartum Care: 80% (between National 50 th and 75 th percentiles)

Prenatal & Postpartum Care (Core) (2 of 2)

- During the February Quality Council Meeting, the Quality Council did not come to a consensus on whether to recommend retaining or removing *Prenatal and Postpartum Care* from the Aligned Measure Set.
 - The Quality Council communicated that providers felt challenged to move the needle on this measure because of a lack of OB/GYN providers in contracts with primary care organizations
 - **Note:** Not all Advanced Networks are primary care organizations, so this measure is appropriate for inclusion in the Menu Set for those contracts.
 - The Quality Council elected to defer making a recommendation about this measure until it discussed *Maternity Care: Postpartum Follow-Up and Care Coordination*, which is in the Menu Set.

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

Measure Steward: National Committee for Quality Assurance

Data Source: Electronic Clinical Data Systems (ECDS)

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

Equity Analysis

- DSS reported that in 2022, Metabolic Monitoring for Children and Adolescents on Antipsychotics performance rates were highest for Black members (39.3%), followed by White (33.3%), Hispanic (32.5%) and Asian (30.8%) members (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Major Change for MY 2024 (transition to electronic reporting only) & No Proposed Change for MY 2025	Yes (DSS)	NA	35% (between National 50th and 75 th percentiles)

* Medicaid-only measure

Transitions of Care (Menu) (1 of 2)

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 (2024)	Commercial Performance (2022)*	Medicaid Performance (2022)*
Minor Changes for MY 2024 & No Proposed Changes for MY 2025	None (measure newly added to 2024 Aligned Measure Set to fill care coordination gap)	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) (2 of 2)

- OHS received the following feedback on this measure from a provider:
 - The provider recommended **removing this measure** from the Aligned Measure Set.
 - The provider noted that the measure assesses a single activity associated with reduced readmissions, and its clinicians and hospitals are already focused on reducing readmissions and tracking and managing CMS and other readmissions measures.
 - The provider noted that rapid follow-up after hospitalization is appropriate for a subset of patients at high risk for readmissions.
 - The provider noted that this measure does not account for the many activities currently in place to reduce readmissions.

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

- DSS reported that in 2022, Well-Child Visits in the First 15 Months performance rates were highest for White members (82.6%), followed by Hispanic (82.2%), Asian (81.0%) and Black (76.5%) members. Well-Child Visits for Age 15-30 Months rates were highest for White members (88.4%), followed by Asian (85.9%), Hispanic (85.4%) and Black (81.8%) members (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Changes for MY 2024 & Minor Proposed Change for MY 2025 (removing telehealth visits)	Yes (5 insurers; DSS)	First 15 Months: 91% (above National 90 th percentile)	First 15 Months: 79% (above National 90 th percentile)
		15-30 Months: 91% (between National 50 th and 75 th percentiles)	15-30 Months: 83% (above National 90 th percentile)

Public Comment

Wrap-Up and Next Steps

Meeting Wrap-Up and Next Steps



- Continue 2024 Aligned Measure Set Annual Review
- 2024 Insurer Aligned Measure Set Fidelity Assessment

Appendix

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)**
- 4. Glycemic Status Assessment for Patients with Diabetes (>9.0%)**
- 5. Health Equity Measure**
- 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 After Hospitalization for Mental Illness (7-Day)
19. Immunizations for Adolescents (Combo 2)
20. Kidney Health Evaluation for Patients with Diabetes
21. Maternity Care: Postpartum Follow-up and Care Coordination
22. Metabolic Monitoring for Children and Adolescents on Antipsychotics*
23. PCMH CAHPS Survey
24. Screening for Depression and Follow-Up Plan
25. Substance Use Assessment in Primary Care
26. Transitions of Care
27. Use of Opioids at High Dosage
28. Use of Pharmacotherapy for Opioid Use Disorder
29. Well-Child Visits in the First 30 Months of Life

*Medicaid-only measure

Core Measures are in bold

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 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.