



Quality Council
May 16, 2024

Agenda

<u>Time</u>	<u>Topic</u>
3:00 p.m.	Call to Order and Roll Call
3:05 p.m.	Approval of April 18, 2024 Meeting Minutes – Vote
3:10 p.m.	Quality Benchmark Longitudinal Performance
3:20 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 April 18, 2024 Meeting Minutes - Vote

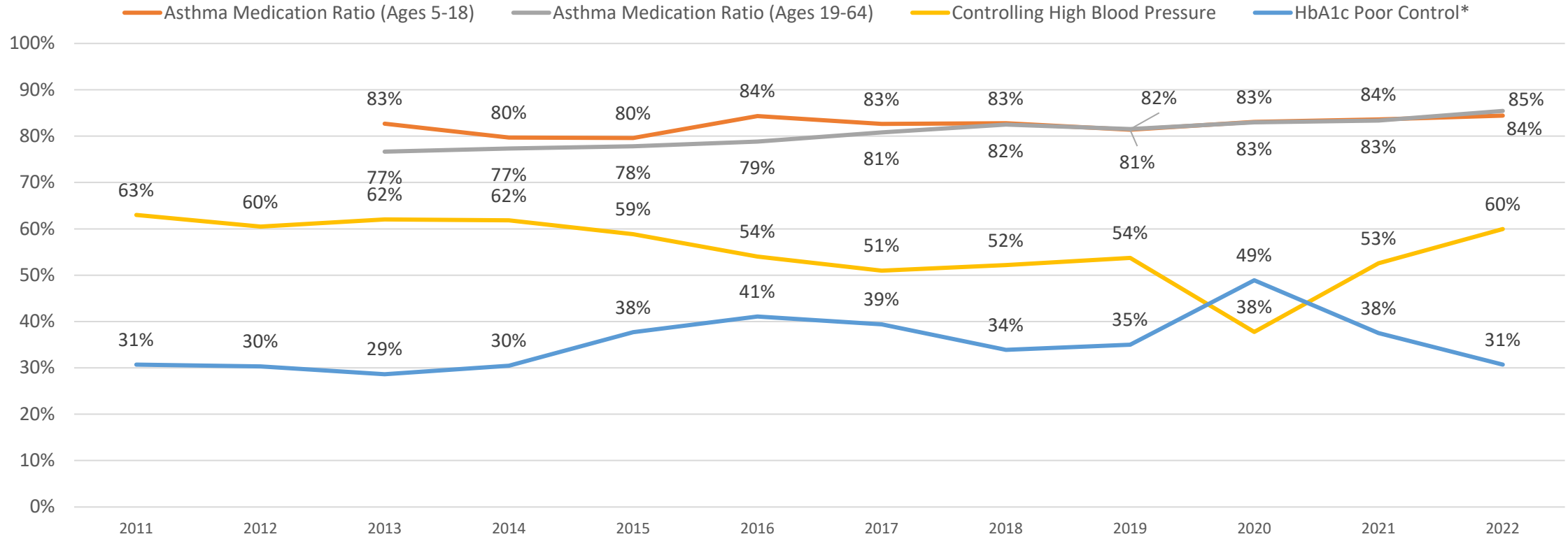
Longitudinal Quality Benchmark Performance

Longitudinal Quality Benchmark Performance (1 of 4)

- During the April Quality Council Meeting, OHS presented 2022 Quality Benchmark Performance for the three Phase 1 Quality Benchmark measures (*Asthma Medication Ratio, Controlling High Blood Pressure, and Hba1c Poor Control*).
- During the meeting, a Quality Council member asked whether OHS could provide longitudinal performance data on the Quality Benchmark measures.
- The following slides present longitudinal CT commercial performance for the Phase 1 and Phase 2 Quality Benchmark measures using data from NCQA's Quality Compass database.
 - OHS does not have access to comparable data for the Medicare Advantage or Medicaid markets.

Longitudinal Quality Benchmark Performance (2 of 4)

Connecticut Commercial Performance on Phase 1 Quality Benchmark Measures (2011-2022)



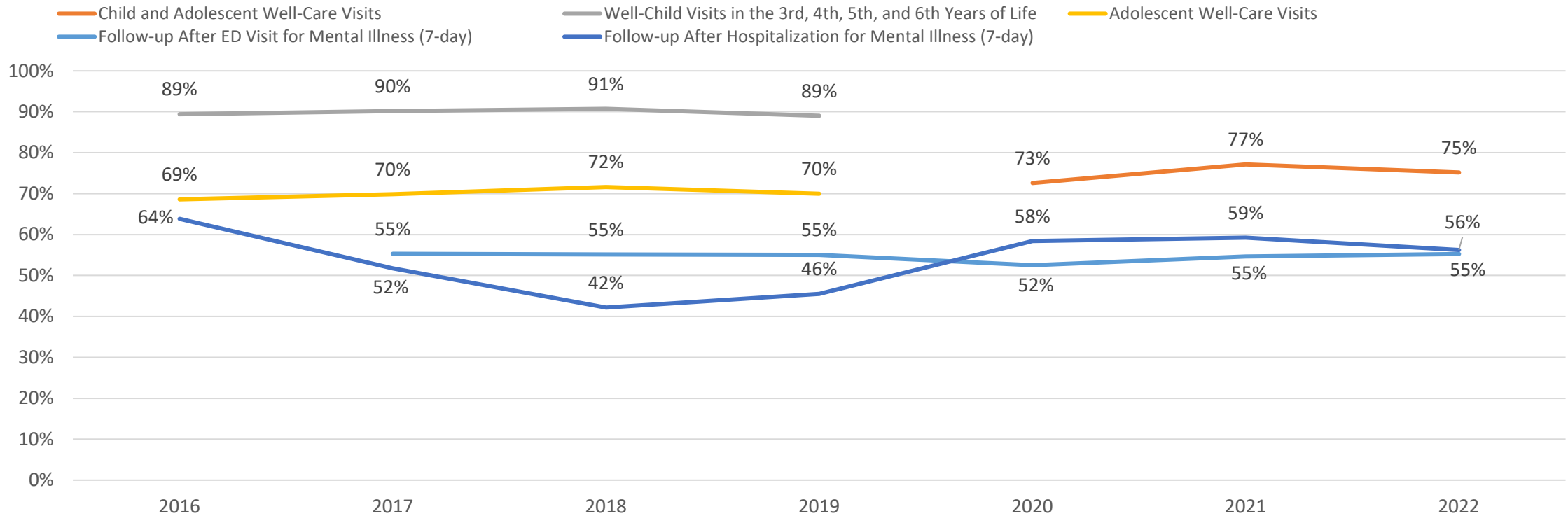
*A lower performance rate indicates better performance for *HbA1c Poor Control*.

Data Source: NCQA Quality Compass (product years 2012-2023)

Notes: Commercial performance includes all lines of business. NCQA did not publish performance for Asthma Medication Ratio until 2013.

Longitudinal Quality Benchmark Performance (3 of 4)

Connecticut Commercial Performance on Phase 2 Quality Benchmark Measures (2016-2022)



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

Data Source: NCQA Quality Compass (product years 2017-2023)

Notes: Commercial performance includes all lines of business. NCQA did not publish performance for *Follow-Up After ED Visit for Mental Illness* until 2017. In 2020, NCQA combined *Adolescent Well-Care Visits* and *Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life* into one measure - *Child and Adolescent Well-Care Visits*.

Continue 2024 Aligned Measure Set Annual Review

Continue 2024 Aligned Measure Set Annual Review

- Since February, the Quality Council has been reviewing the Aligned Measure Set and recommending changes for 2025.
- During today's meeting, we are hoping to wrap-up the annual review by discussing the following items:
 - Follow-up items from April Quality Council meeting
 - Behavioral health measures
 - Patient-reported measures
 - Measures recommended for addition

Summary of Recommendations from the April Quality Council Meeting

Summary of Recommendations from the April Quality Council Meeting (1 of 3)

- During the April Quality Council Meeting, the Quality Council continued reviewing the Menu Measures and made the following recommendations:
 - **Retain four measures in the Menu Set:**
 1. *Developmental Screening in the First Three Years of Life*
 2. *Kidney Health Evaluation for Patients with Diabetes*
 3. *Immunizations for Adolescents*
 4. *Well-Child Visits in the First 30 Months of Life*

Summary of Recommendations from the April Quality Council Meeting (2 of 3)

- During the April Quality Council Meeting, the Quality Council continued reviewing the Menu Measures and made the following recommendations:
 - **Remove one measure from the Menu Set:**
 - *Eye Exam for Patients with Diabetes*
 - **Add one measures to the Menu Set:**
 - *Statin Therapy for Patients with Diabetes*

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

- During the April Quality Council Meeting, the Quality Council **did not come to consensus on a recommendation** for the following Menu measures:
 1. *Maternity Care: Postpartum Follow-Up and Care Coordination*
 2. *Prenatal and Postpartum Care*
 3. *Transitions of Care*
- We will be revisiting each of these measures during today's meeting.

Follow-up Topics from the April Quality Council Meeting: Maternal Health Measures

Maternal Health Measures

- During the April Quality Council Meeting, the Quality Council **did not come to consensus on the two maternal health measures** in the 2024 Aligned Measure Set:
 - *Prenatal and Postpartum Care (Core)*
 - *Maternity Care: Postpartum Follow-Up and Care Coordination (Menu)*
- The Quality Council was interested in keeping at least one maternal health measure in the 2025 Aligned Measure Set but could not come to a decision on whether to retain one or both measures or how the measure(s) should be categorized (Core or Menu).
- Bailit Health suggested that the Quality Council wait until today's meeting to make a recommendation, when Bailit Health could share two relevant maternal health NCQA HEDIS measures.

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 April Quality Council Meeting, the Quality Council had the following feedback on this measure:
 - One member recommended moving *Prenatal and Postpartum Care* to the Menu Set because some but not all Advanced Networks have OB/GYNs within their networks.
 - One member recommended retaining *Prenatal and Postpartum Care* instead of *Maternity Care: Postpartum Follow-up and Care Coordination* because it has a prenatal component.

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)

- Last year, the Quality Council recommended adding this measure to the 2024 Aligned Measure Set because it includes more comprehensive requirements for a postpartum visit than *Prenatal and Postpartum Care*, particularly behavioral health screening.
- During the April Quality Council Meeting, the Quality Council had the following feedback on this measure:
 - One member wondered if this measure placed an undue burden on Advanced Networks without maternal health providers.

New NCQA HEDIS Maternal Health Measures

- NCQA maintains two maternal health measures (introduced in 2020) that measure prenatal and postpartum depression screening and follow-up:
 - *Prenatal Depression Screening and Follow-Up*
 - *Postpartum Depression Screening and Follow-Up*
- These two measures may be suitable alternatives to *Maternity Care: Postpartum Follow-up and Care Coordination* because they address prenatal and postpartum maternal behavioral health but may not be as administratively demanding.

Prenatal Depression Screening and Follow-Up

- **Description:** Percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. Two rates are reported:
 - **Depression Screening:** The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
 - **Follow-Up on Positive Screen:** The percentage of deliveries in which members received follow-up care within 30 days of a positive prenatal depression screen finding.

Measure Steward:	National Committee for Quality Assurance
Measure Type:	Process
Population:	Adolescent and Adult
Data Source(s):	Electronic Clinical Data Systems (ECDS) Reporting
Stratification(s):	Race and Ethnicity

Postpartum Depression Screening and Follow-Up

- **Description:** Percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported:
 - **Depression Screening:** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.
 - **Follow-Up on Positive Screen:** The percentage of deliveries in which members received follow-up care within 30 days of a positive postpartum depression screen finding.

Measure Steward:	National Committee for Quality Assurance
Measure Type:	Process
Population:	Adolescent and Adult
Data Source(s):	Electronic Clinical Data Systems (ECDS) Reporting
Stratification(s):	Race and Ethnicity

Maternal Health Measures Summary

Measure Name	Measure Description
<i>Prenatal and Postpartum Care</i> (Core)	<ul style="list-style-type: none">• Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization.• Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
<i>Maternity Care: Postpartum Follow-Up and Care Coordination</i> (Menu)	Percentage of patients who were seen for postpartum care before or at 12 weeks of giving birth and received the following at a postpartum visit: breastfeeding evaluation and education, postpartum depression screening, postpartum glucose screening for gestational diabetes patients, family and contraceptive planning counseling, tobacco use screening and cessation education, healthy lifestyle behavioral advice, and an immunization review and update.
<i>Prenatal Depression Screening and Follow-Up</i>	Percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.
<i>Postpartum Depression Screening and Follow-Up</i>	Percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

**Follow-up Topics from the April
Quality Council Meeting:
*Transitions of Care***

Transitions of Care (Menu) (1 of 4)

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 4)

- 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.

Transitions of Care (Menu) (3 of 4)

- During the April Quality Council meeting, the Quality Council requested additional information from the provider that recommended removing this measure.
- After the April Quality Council meeting, OHS reached out to the provider to ask whether there were any care coordination measures that it would recommend be included in the Aligned Measure Set instead of *Transitions of Care* (e.g., care coordination measures already in use).

Transitions of Care (Menu) (4 of 4)

- The provider shared the following additional information:
 - *Transitions of Care* is based upon electronic health record data, which are fragmented and imperfect.
 - *Transitions of Care* is a single process measure – not reflective of the multiple interventions necessary to reduce the risk of readmission.
- The provider recommended removing *Transitions of Care* and instead focusing on *Plan All-Cause Readmission*, which is already in the Aligned Measure Set, because it is an outcome measure and provides clinical providers latitude to make the interventions needed to enhance performance.

Behavioral Health Measures

Behavioral Health Measures

- There are eight behavioral health-related measures in the 2024 Aligned Measure Set.

Measure Name	2024 Aligned Measure Set Status
<i>1. Follow-Up After Emergency Department Visit for Mental Illness (7-Day)</i>	Core, Phase 2 Quality Benchmark Measure
<i>2. Behavioral Health Screening</i>	Menu, Medicaid-only
<i>3. Concurrent Use of Opioids and Benzodiazepines*</i>	Menu
<i>4. Follow-Up After Hospitalization for Mental Illness (7-Day)</i>	Menu, Phase 2 Quality Benchmark Measure
<i>5. Substance Use Assessment in Primary Care</i>	Menu
<i>6. Screening for Depression and Follow-Up Plan</i>	Menu
<i>7. Use of Opioids in High Dosage</i>	Menu
<i>8. Use of Pharmacotherapy for Opioid Use Disorder</i>	Menu

*The Quality Council recommended removing *Concurrent Use of Opioids and Benzodiazepines* from the Aligned Measure Set in March because of limited opportunity for improvement

Follow-Up After Emergency Department Visit for Mental Illness, 7-Day* (Core) (1 of 4)

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 (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Changes for MY 2024 & Major Proposed Changes for MY 2025	Yes (1 insurer; DSS)	63% (above National 90 th percentile)	48% (between National 50 th and 75 th percentiles)

* Phase 2 Quality Benchmark measure

Follow-Up After Emergency Department Visit for Mental Illness, 7-Day* (Core) (2 of 4)

- The Quality Council discussed this measure during the February meeting.
- As a reminder...
 - NCQA has proposed **significant numerator and denominator revisions** to this measure for MY 2025 that will expand the diagnoses that count towards the numerator and the services and settings that will count as follow-up options.

Follow-Up After Emergency Department Visit for Mental Illness, 7-Day* (Core) (3 of 4)

- During prior meetings, Quality Council members have shared the following feedback about this measure:
 - Practices are having trouble getting timely ED data to make this measure actionable (specific to the 7-day measure, i.e., the 30-day rate is more achievable).
 - Some mental health data are being masked by payers.
 - Payers shared concerns about the measure's low denominator size.
- Overall, the Quality Council expressed an interest in considering other behavioral health measures that could replace this measure in the Core Set.

Follow-Up After Emergency Department Visit for Mental Illness, 7-Day* (Core) (4 of 4)

- As we review the rest of the behavioral health measures in the Aligned Measure, please consider:
 - whether you recommend elevating any to the Core Set, and
 - whether you recommend moving *Follow-Up After Emergency Department Visit for Mental Illness (7-Day)* to the Menu Set or removing it from the Aligned Measure set entirely.
- We will revisit *Follow-Up After Emergency Department Visit for Mental Illness, 7-Day* and discuss these questions after we review all the behavioral health measures in the Aligned Measure Set.

Follow-Up After Hospitalization for Mental Illness, 7-Day* (Menu) (1 of 5)

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 (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Changes for MY 2024 & Major Proposed Changes for MY 2025 (see next slides)	Yes (DSS)	66% (above National 90 th percentile)	46% (between National 75 th and 90 th percentiles)

Follow-Up After Hospitalization for Mental Illness, 7-Day* (Menu) (2 of 5)

- NCQA has proposed the following revisions to this measure's numerator and denominator for MY 2025:
 - **Denominator revisions:**
 - Diagnosis Position Criteria: Allow any diagnosis position for intentional self-harm diagnoses, and maintain the principal position requirement for all other mental health diagnoses.
 - Additional Diagnosis Codes: Include the phobia diagnoses, anxiety diagnoses, intentional self-harm X-chapter codes and the R45.851 suicidal ideation code in the denominator diagnosis code lists.

Follow-Up After Hospitalization for Mental Illness, 7-Day* (Menu) (3 of 5)

- NCQA has proposed the following revisions to this measure's numerator and denominator for MY 2025:
 - **Numerator Revisions:**
 - Provider type requirements: Allow addition of follow-up by any care provider, rather than by a mental health provider only, if there is an accompanying mental health diagnosis on the claim.
 - Diagnosis Position Criteria at Follow-Up: Allow the mental health diagnosis in any diagnosis position on the follow-up claim for both measures, rather than in the principal position only.
 - Additional Follow-Up Services and Settings: Include psychiatric residential treatment, as well as peer support services and occupational therapy for a mental health diagnosis, as options for follow-up.

Follow-Up After Hospitalization for Mental Illness, 7-Day* (Menu) (4 of 5)

- NCQA found that these proposed specifications had significant impacts on commercial and Medicare performance.
 - **Average denominator size increase by 10% and 7%** for Medicare Advantage and commercial product lines, respectively.
 - **Average performance increased between 31–36% and 18–28%** for Medicare Advantage and commercial product lines, respectively.

Follow-Up After Hospitalization for Mental Illness, 7-Day* (Menu) (5 of 5)

- This measure is likely not a good candidate for the Core Set for MY 2025 because the proposed specification changes will impact MY 2025 performance, making prior years' performance data not comparable for benchmarking purposes.
- However, does the Quality Council recommend:
 - **Elevating this measure to the Core Set** to replace *Follow-Up After Emergency Department Visit for Mental Illness (7-Day)* after benchmark data are available using the new specifications;
 - **Retaining this measure** in the Menu Set, or
 - **Removing this measure** from the Aligned Measure Set entirely?

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, in 2022 the non-Hispanic Black (71 per 100,000) and Hispanic (46 per 100,000) populations had higher rates of drug overdose deaths than the non-Hispanic White (34.6 per 100,000) population (CT DPH, 2023).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Adolescent age range added (11-18 years of age)	None (measure added to 2022 Aligned Measure Set to fill substance use measure gap)	NA	NA

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 (Age 18+); CMS eCQMs; 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 (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor changes for MY 2024	Yes (2 insurers)	NA	NA

*OHS permits the use of NCQA's *Depression Screening and Follow-Up* for Adolescents and Adults for the purposes of aligning with the Aligned Measure Set.

Use of Opioids at High Dosage (Menu) (1 of 2)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims

National Measure Sets of Interest: None

Equity Analysis

- In CT, in 2022 the non-Hispanic Black (71 per 100,000) and Hispanic (46 per 100,000) populations had higher rates of drug overdose deaths than the non-Hispanic White (34.6 per 100,000) population (CT DPH, 2023).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Change for MY 2024	Yes (2 insurers)	10% (below National 25 th percentile)	NA

Use of Opioids at High Dosage (Menu) (2 of 2)

- Prior to today's meeting, a Quality Council member recommended removing Use of Opioids at High Dosage from the Aligned Measure Set.
 - **Rationale:** Earlier this year there was a vote by a CMS–contracted panel to urge CMS to remove this measure from CMS' Adult Core Set.
 - The panel expressed concerns over the measure's actionability and strategic priority, noting that a broad, population-level measure on prescription opioid dosages does not capture the individualized nuance that evidence-based pain care necessitates.
 - The panel was also concerned that the measure may incentivize rapid dosage reduction and disregards the patient care and safety concerns cited in the CDC's 2022 Clinical Practice Guidelines.

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, in 2022 the non-Hispanic Black (71 per 100,000) and Hispanic (46 per 100,000) populations had higher rates of drug overdose deaths than the non-Hispanic White (34.6 per 100,000) population (CT DPH, 2023).

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

Behavioral Health Measures for the 2025 Core Set

- Does the Quality Council recommend retention or removal of *Follow-up After Emergency Department Visit for Mental Illness (7-Day)*?
- Does the Quality Council recommend elevating any of the following measures to the Core Set?
 - *Follow-Up After Hospitalization for Mental Illness (7-Day)*
 - *Substance Use Assessment in Primary Care*
 - *Screening for Depression and Follow-Up Plan*
 - *Use of Opioids at High Dosage*
 - *Use of Pharmacotherapy for Opioid Use Disorder*

Patient-Reported Measures

Patient-Reported Measures

- Earlier this year, a Quality Council member requested that OHS review patient-reported measures for potential addition to the 2025 Aligned Measure Set.
- There is already one patient-reported measure in the 2024 Aligned Measure, which we will discuss today.
 - *Patient-Centered Medical Home (PCMH) Consumer Assessment of Healthcare Providers and Systems (CAHPS)*
- Bailit Health also identified measures that the Quality Council could consider adding to the Aligned Measure Set (as new measures or to replace PCMH CAHPS).

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 (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
No Changes to PCMH Item Set 3.0	Yes (2 insurers)	NA	NA

Candidate Patient-Reported Measures

- Bailit Health identified three other measures from our work in CT and with other states that the Quality Council could consider adding to the Aligned Measure Set (as new measures or to replace PCMH CAHPS):
 - *Person-Centered Primary Care Measure*
 - *Informed, Patient-Centered Hip and Knee Replacement*
 - *Shared Decision-Making Process*
- There are also 17 CMS MIPS Patient-Reported Outcome-Based Performance Measure (PRO-PM) measures that the Quality Council could consider adding to the Aligned Measure Set.

Person-Centered Primary Care Measure (1 of 2)

- **Description:** PCPCM a comprehensive and parsimonious set of 11 patient-reported items - to assess the broad scope of primary care. Unlike other primary care measures, the PCPCM measures the high value aspects of primary care based on a patient's relationship with the clinician or practice.

Measure Steward:	Larry A. Green Center
Measure Type:	Patient Experience
Population:	All Ages
Data Source(s):	Survey
Stratification(s):	None

Person-Centered Primary Care Measure (2 of 2)

- DSS has piloted PCPCM as a potential replacement for CAHPS in its PCMH program and found the following:
 - PCPCM was cheaper to use than PCMH CAHPS and it was shorter, helping DSS garner more responses.
 - Adult scores for PCPCM were comparable between the PCMH+ and PCMH programs but children's scores were worse for PCMH+ than for PCMH.
 - DSS added demographic data collection to the measure (this is a weakness of the measure compared to PCMH CAHPS).
- A recently published Massachusetts study found that PCPCM would benefit from case-mix adjustment (which it currently lacks).

Informed, Patient-Centered Hip and Knee Replacement*

- **Description:** The measure is derived from patient responses to the Hip or Knee Decision Quality Instruments. Participants who have a passing knowledge score (60% or higher) and a clear preference for surgery are considered to have met the criteria for an informed, patient-centered decision. The target population is adult patients who had a primary hip or knee replacement surgery for treatment of hip or knee osteoarthritis.

Measure Steward:	Massachusetts General Hospital
Measure Type:	Patient Experience
Population:	Adult
Data Source(s):	Survey
Stratification(s):	None

*This measure is in Massachusetts' 2024 Aligned Measure Set; however, the Massachusetts Quality Measure Alignment Task Force has recommended removal of the measure for 2025 because it is still being piloted for use by a payer.

Shared Decision-Making Process*

- **Description:** This measure focuses on patients who have undergone any one of seven common, important surgical procedures: total replacement of the knee or hip, lower back surgery for spinal stenosis or herniated disc, radical prostatectomy for prostate cancer, mastectomy for early stage breast cancer or percutaneous coronary intervention for stable angina.
 - Patients answer four questions (scored 0 to 4) about their interactions with providers about the decision to have the procedure, and the measure of the extent to which a provider or provider group is practicing shared decision making for a particular procedure is the average score from their responding patients who had the procedure.

Measure Steward:	Massachusetts General Hospital
Measure Type:	Patient Experience
Population:	Adult and Pediatric
Data Source(s):	Survey
Stratification(s):	None

*This measure is in Massachusetts' 2024 Aligned Measure Set; however, the Massachusetts Quality Measure Alignment Task Force has recommended removal of the measure for 2025 because it is still being piloted for use by a payer.

CMS MIPS PRO-PM Measures (1 of 2)

- There are 17 CMS MIPS Patient-Reported Outcome-Based Performance Measure (PRO-PM) measures that the Quality Council could consider adding to the Aligned Measure Set (see table below).

CMS MIPS PRO-PM Measures

1. *Back Pain After Lumbar Discectomy/Laminectomy*
2. *Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery*
3. *Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery*
4. *Functional Status After Primary Total Knee Replacement*
5. *Functional Status Change for Patients with Elbow, Wrist or Hand Impairments*
6. *Functional Status After Lumbar Surgery*
7. *Functional Status Change for Patients with Hip Impairments*
8. *Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments*

CMS MIPS PRO-PM Measures (2 of 2)

- There are 17 CMS MIPS Patient-Reported Outcome-Based Performance Measure (PRO-PM) measures that the Quality Council could consider adding to the Aligned Measure Set (see table below).

CMS MIPS PRO-PM Measures

9. *Functional Status Change for Patients with Knee Impairments*

10. *Functional Status Change for Patients with Low Back Impairments*

11. *Functional Status Change for Patients with Shoulder Impairments*

12. *Functional Status Change for Patients with Neck Impairments*

13. *Leg Pain After Lumbar Discectomy/Laminectomy*

14. *Urinary Symptoms Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia*

15. *Varicose Vein Treatment with Saphenous Ablation: Outcome Survey*

16. *Psoriasis - Improvement in Patient-Reported Itch Severity*

17. *Dermatitis - Improvement in Patient-Reported Itch Severity*

Measures Suggested for Addition to the Aligned Measure Set

Statin Therapy for Patients with Cardiovascular Disease (1 of 3)

- A provider recommended that OHS add *Statin Therapy for Patients with Cardiovascular Disease* to the 2025 Aligned Measure Set.
 - **Rationale:**
 - Supporting medication adherence 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 Cardiovascular Disease (2 of 3)

Statin Therapy for Patients with Cardiovascular Disease

Measure Steward	National Committee for Quality Assurance
Measure Description	<p>The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease. Two rates are reported:</p> <ol style="list-style-type: none">1. Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.2. Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.
Data Source	Claims
Commercial Performance (2022)	Received Statin Therapy: 82% (between national 25 th and 50 th percentiles) Statin Adherence 80%: 83% (between national 50 th and 75 th percentiles)
Medicaid Performance (2022)	NA (DSS does not calculate performance on this measure)

Statin Therapy for Patients with Cardiovascular Disease (3 of 3)

- As a reminder...
 - During the April meeting, the Quality Council recommended adding *Statin Therapy for Patients with Diabetes* to the 2025 Aligned Measure Set.
 - The other cardiovascular disease-related measure in the 2024 Aligned Measure Set (which the Quality Council recommended retaining in 2025) is *Controlling High Blood Pressure*.
- **Does the Quality Council recommend adding *Statin Therapy for Patients with Cardiovascular Disease* to the 2025 Aligned Measure Set?**

Public Comment

Wrap-Up and Next Steps

Meeting Wrap-Up and Next Steps



- 2024 Insurer Aligned Measure Set Fidelity Assessment
- Finish 2025 Aligned Measure Set Annual Review

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

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.

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.