

Quality Council

Meeting Date	Meeting Time	Location
June 20, 2024	3:00 pm – 5:00 pm	Zoom Meeting Recording: https://us02web.zoom.us/rec/share/T78b9zIIYfESwXDx4Ku6xDI1wqOTsSX5xxSpRAPtHv33NA38OYXeADCfIDNqzwBF.V9ClJpmmBJm0mQdf Passcode: @fNYk9U#

Participant Name and Attendance Council Members					
Rohit Bhalla	X	Lisa Freeman	R	Andy Selinger (Chair)	X
Ellen Carter	X	Amy Gagliardi	R	Marlene St. Juste	X
Elizabeth Courtney	X	Michael Jefferson	R	Dan Tobin	R
Monique Crawford/Stephanie De Abreu	R	Phil Roland/Doug Nichols	R	Heather Tory	X
Sandra Czunas	R	Joe Quaranta	R	Alison Vail	X
Petrina Davis	X	Brad Richards	R	Steve Wolfson	X
Supporting Leadership & Other Participants					
Hanna Nagy, OHS	R	Michael Bailit, Bailit Health	R	Grace Flaherty, Bailit Health	R
Alex Reger, OHS	R	Lisa Sementilli, OHS	R	Matt Reynolds, Bailit Health	R
Cindy Dubuque-Gallo	R	Abigail Cotto, OHS	R		
R = Attended Remotely; IP = In Person; X = Did Not Attend					

Agenda			
	Topic	Responsible Party	Time
1.	Call to Order and Roll Call	Hanna Nagy	3:00pm
	Hanna Nagy called the meeting to order at 3:02 pm. Aby Cotto took roll call. Aby reported that there was a quorum present.		
2.	Council Action: Approval of Minutes	Council Members	3:05pm
	Michael Jefferson motioned to approve the minutes. Lisa Freeman seconded the motion. There was no opposition, nor any abstentions. The minutes were approved.		
3.	2024 Insurer Fidelity Assessment	Michael Bailit	3:10pm
	Michael Bailit reviewed how the Quality Council Insurer Survey is conducted annually and the methodology for calculating fidelity scores. Michael noted that for the first time this		

year, OHS calculated a Core Measure fidelity score. Michael shared that alignment to the overall Aligned Measure Set across the commercial market decreased slightly from 73% in 2023 to 70% in 2024, while Core Measure fidelity scores were quite low, ranging from 6-47%.

- A member wondered to what extent all payers were aware of the Aligned Measure Set. The member also commented that it was easier for payers to have better overall fidelity scores than Core fidelity scores.
- A health plan representative noted that progress occurred slower than would be ideal due to the nature of multi-year contracts. The health plan representative also noted that using unique measures for each state was challenging for national insurers and wondered if the Quality Council shouldn't allow for similar measures to count towards fidelity (e.g., HbA1c Good Control vs Poor Control).
 - Michael Bailit replied that providers frequently cite insurers using related but different measures as a frustrating annoyance.
 - A member said they thought it was best for payers to all use the same measures for any given topic if possible.
- The Office of the State Comptroller (OSC) representative said that OSC was using Connie data to help alleviate provider burden.
- A member asked if there are any disincentives to payers if they don't move towards alignment. Michael Bailit replied that there are not any disincentives to non-alignment. The member asked what the tangible benefit is to a payer for being a leader with alignment efforts. Michael Bailit replied that increased alignment alleviates a payer's provider network burden, especially for primary care practitioners, and improves the likelihood of generating meaningful quality improvement.
- The Department of Social Services (DSS) representative said that DSS is focusing on aligning with the Aligned Measure Set to the extent possible, although they noted that making changes to programs that may be going away is a challenge.

Michael Bailit then reviewed the number of Core, Menu, and non-aligned measures that each insurer is using.

- In reaction to the observation that some payers are using many non-aligned measures, a health plan representative explained that their organization uses more measures to be able to compare performance across states.

4.	Finish 2024 Aligned Measure Set Annual Review	Grace Flaherty	3:30pm
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Grace Flaherty summarized the recommendations from the May Quality Council meeting. Grace then reviewed patient-reported measures for potential addition to the 2025 Aligned Measure Set.

Person-Centered Primary Care Measure (PCPCM)

- Grace shared that DSS piloted this measure as a replacement for *PCMH CAHPS* and found that this measure was cheaper to administer and shorter, the latter leading to a greater response rate. DSS also found that adult scores between the two measures were comparable, although children's scores were better for *PCPCM*.

- The DSS representative said that an advantage of *PCMH CAHPS* is that it is used more widely, providing more opportunities for comparison. The representative said they believed DSS would continue using the measure at the program level.
- A member asked how long the *PCPCM* survey became after DSS added demographic questions. The DSS representative replied that even after adding the demographic questions, the survey was still not nearly as long as *PCMH CAHPS*.
- A member shared that they thought anything that was shorter and easier than *PCMH CAHPS* was better, though they supported adding demographic questions to *PCPCM* to support risk adjustment. Another member agreed with the support for *PCPCM*.
- A member asked if we know what provider organizations are using, as they would hesitate to add another survey on top of what organizations may already be using internally.
- **Next step:** OHS will look into what providers are using for internally administered surveys to inform whether to replace *PCMH CAHPS* with *Person-Centered Primary Care Measure*.

Informed, Patient-Centered Hip and Knee Replacement

- Grace Flaherty noted that the measure was in Massachusetts' 2024 Aligned Measure Set but was recommended for removal for the 2025 Aligned Measure Set because it was still being tested by an interested payer and provider.
- Two members said they did not think the Quality Council should add the measure.
- A third member expressed concerns with a measure that has a single institution as a steward, as it is likely built out to work for their own ecosystem.
- **Recommendation:** Do not add the measure to the 2025 Aligned Measure Set.

Shared Decision-Making Process

- Grace Flaherty noted that the measure was in Massachusetts' 2024 Aligned Measure Set but was recommended for removal for the 2025 Aligned Measure Set because it was still being tested by an interested payer and provider.
- A member supported the measure conceptually, though they expressed uncertainty that the denominators would be large enough to be worthwhile, especially for the pediatric population. Another member agreed with this assessment.
- A member expressed concerns with a measure that has a single institution as a steward, as it is likely built out to work for their own ecosystem.
- A member said he did not think the Quality Council should add the measure. The member said they would like to see an informed consent and/or shared decision-making measure developed for chronic opioid therapy where the potential benefits and risks are often uncertain.
- **Recommendation:** Do not add the measure to the 2025 Aligned Measure Set.

Grace notified members that there are also 17 CMS MIPS patient-reported measures that the Quality Council could consider adding to the Aligned Measure Set.

- A member supported adding patient-reported measures in the near future, particularly the functional status assessment measures and back pain/surgery measures.
- Another member supported looking further into these measures.
- **Next step:** OHS will do additional research into the 17 CMS MIPS patient-reported measures for potential addition to the Aligned Measure Set in the future.

Next, Grace noted that a provider had suggested a measure for possible addition to the 2025 Aligned Measure Set.

Statin Therapy for Patients with Cardiovascular Disease

- Grace shared that the provider recommended adding the measure for two reasons:
 1. supporting medication adherence enhances health outcomes for patients with chronic conditions that are prevalent in communities of color and social vulnerability, and
 2. 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.
- A member said they did not think there should be two statin-specific measures in the Aligned Measure Set.
- **Recommendation:** Do not add the measure to the 2025 Aligned Measure Set.

Grace noted that the 2024 Aligned Measure Set included two “Medicaid-only” measures, which OHS recommended removing from the 2025 Aligned Measure Set: *Behavioral Health Screening* and *Metabolic Monitoring for Children and Adolescents on Antipsychotics*. Grace shared that OHS recommended removing these measures because it instead wished to follow the approach to “Medicaid-only” measures taken by Massachusetts’ Quality Measure Alignment Taskforce and have the Quality Council determine which non-aligned DSS measures should be endorsed as appropriate deviations for meeting Medicaid-specific program needs. Grace reviewed the 13 measures in DSS’ PCMH+ Measure Set that are not found in the 2025 Aligned Measure Set. Grace shared that OHS determined that the following 9 PCMH+ measures appear appropriate as Medicaid-specific measures and asked if members disagreed with OHS’ assessment for any of the measures:

- *Ambulatory- ED Visits*
- *Annual Fluoride Treatment (ages 1-4)*
- *Behavioral Health Screening*
- *F/U Care for Children Prescribed ADHD Medication*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics*
- *Oral Evaluation, Dental Services*
- *Potentially Preventable ED Visits*
- *Potentially Preventable Hospital Admissions*
- *Readmissions within 30 Days - Physical + Behavioral*

A member wondered why *Behavioral Health Screening* wouldn't have large enough denominators in the commercial population.

Recommendation: Indicate in the 2025 Aligned Measure Set documents that the above eight non-aligned measures (all except *Behavioral Health Screening*) are approved for DSS use to meet Medicaid-specific program needs.

Next step: OHS will review why the Quality Council previously deemed *Behavioral Health Screening* to be a Medicaid-only measure to inform whether the measure will be approved for DSS use to meet Medicaid-specific program needs.

Grace then asked for members' input on whether the following four PCMH+ measures should be similarly considered as appropriate for Medicaid-only use:

- *Appropriate Treatment for Upper Respiratory Infection*
- *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis*
- *Person-Centered Primary Care Measure (PCPCM)*
- *Use of Imaging Studies for Low Back Pain*

Grace Flaherty noted that she would take OHS' consideration of adding *PCPCM* to the 2025 Aligned Measure Set as an endorsement that the measure was appropriate for commercial use. A member said they thought the remaining three measures were also applicable to the commercial population.

Recommendation: The above four measures used by DSS (with the exception of *PCPCM*, if added to the measure set) will be considered to be out of alignment with the Aligned Measure Set.

A member shared that another group was recently assembled in Connecticut to work on quality measures related to boarding/crowding. The member said they thought the Quality Council should connect with that work group to avoid duplicating efforts.

5. Public Comment	Hanna Nagy	4:50pm
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Hanna Nagy offered the opportunity for public comment.

With regards to the discussion of the *PCPCM* measure: a member of the public noted that a lot of hospital-based providers use Epic, which has a built-in patient survey. A different member of the public replied that they believed Epic partnered with Press Ganey for its survey.

With regards to the discussion of patient-reported measures: a member of the public suggested looking at the Core Quality Measures Collaborative for potential patient-reported outcome measures.

A member of the public shared the following comments:

	<ol style="list-style-type: none"> 1. Regarding the <i>Follow-Up After Hospitalization for Mental Illness</i> and <i>Follow-Up After Emergency Department Visit for Mental Illness</i> measures, the individual said it was essential that all payers provide timely, accurate and complete data on discharges for behavioral health diagnoses. 2. For depression screenings, the individual said that the codes that payers require for payment vary. 3. The individual strongly discouraged the use of proprietary quality metrics such as the 3M stewarded measures in use by DSS, as no real time information is shared with providers. 4. Finally, the individual said that it was essential for providers to be paid for things they will be measured on (e.g., SDOH screening and addressing needs surfaced during screening). 		
6.	Council Action: Meeting Adjournment	Hanna Nagy	5:00pm
<p>Hanna shared that the Quality Council would not be meeting in July but will reconvene in August. Sandra Czunas motioned to adjourn. Lisa Freeman seconded the motion. The meeting adjourned at 4:51 pm.</p>			

All meeting information and materials are published on the OHS website located at:
[Quality Council \(ct.gov\)](http://Quality Council (ct.gov))