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Quality Council
June 20, 2024

Agenda

Time	Topic
3:00 p.m.	Call to Order and Roll Call
3:05 p.m.	Approval of May 16, 2024 Meeting Minutes — Vote
3:10 p.m.	2024 Insurer Fidelity Assessment
3:30 p.m.	Finish 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 May 16, 2024 Meeting Minutes - Vote

2024 Insurer Aligned Measure Set Fidelity Assessment

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Reminder about Quality Council Insurer Survey

- The purpose of the OHS Quality Council Insurer Survey is to capture the measures in use by payers in value-based contracts with Advanced Networks.*
- The 2024 survey captured:
  - **Measures in use** in contracts effective beginning on or after January 1, 2024
  - Whether the measures had **pay-for-performance or pay-for-reporting** status in contracts
  - The **number of contracts** in which measures were used
  - Payer **stratification** of measures by race, ethnicity and/or language
  - Measures with **modified specifications** and homegrown measures

*An Advanced Network is an organized group of clinicians that, at a minimum, includes primary care providers, and that collectively, during any given calendar year, has enough attributed lives to participate in total cost of care contracts, even if it is not engaged in a total cost of care contract.

Insurer Aligned Measure Set Fidelity Score Methodology

- Using data from the Insurer Survey, OHS used the formula below to calculate each insurer's Aligned Measure Set fidelity score.
  - **Note**: The assessment only considered quality measures that would be considered for inclusion in the Aligned Measure Set (e.g., we excluded hospital-focused measures, prescription drug-focused measures, Medicare Advantage measures, and resource use measures).

$$\frac{Number\ of\ instances\ Aligned\ Measure\ Set\ measures\ were\ used\ by\ the\ insurer\ in\ contracts}{Sum\ of\ instances\ any\ measures\ (Aligned\ Measure\ Set\ measures\ or\ otherwise)\ were\ used\ by\ the\ insurer\ in\ contracts}$$

Insurer Core Measure Fidelity Score Methodology (1 of 2)

- For the first time this year, OHS calculated a Core Measure fidelity score to assess insurers' use of the Core Measures in the Aligned Measure Set.
  - Reporting on insurers' Core Measure fidelity scores is one of the Quality Council's 2024 goals.
- An insurer's Core Measure fidelity score is important for assessing its alignment with the Aligned Measure Set because OHS asks insurers to use all Core Measures in all value-based contracts.
  - Whereas the overall Aligned Measure Set fidelity score includes Menu Measures, which are optional for use.

Insurer Core Measure Fidelity Score Methodology (2 of 2)

- For the first time this year, OHS calculated a Core Measure fidelity score using the formula below to assess insurers' use of the Core Measures in the Aligned Measure Set.*
  - **Note**: Given some Core Measures are only applicable to adults, if insurers engage in value-based contracts with the pediatric Advanced Network (CT Children's Care Network) their Core Measure fidelity score may slightly underrepresent their alignment.

$$\frac{Number\ of\ instances\ Core\ Measures\ were\ used\ by\ the\ insurer\ in\ contracts}{(Number\ of\ insurer's\ Advanced\ Network\ contracts * Number\ of\ Core\ Measures\ in\ the\ Aligned\ Measure\ Set\ (8))}$$

*Core Measures are those that OHS asks insurers use in all value-based contracts (as opposed to Menu Measures, which are optional for use).

Important Notes about Insurer Fidelity Scores

- Insurer fidelity scores **reflect alignment** with the Aligned Measure Set, and **not performance** on the individual quality measures.
- Insurer fidelity scores will **likely never reach 100%** because the Aligned Measure Set is updated on annual basis and contracts are typically multi-year.
  - OHS does not expect insurers and Advanced Networks to make changes in contract measures mid-contract.
- Insurers may be using **similar measures** as those in the Aligned Measure Set, but with different specifications or stewards. Such measures are assessed as non-aligned.
  - For example, an insurer would not get credit towards its fidelity score for using HbA1c Control (<8.0%) (not in the Aligned Measure Set) rather than HbA1c Poor Control (>9.0%) (in the Aligned Measure Set).

Insurer Fidelity Scores

- Alignment across the commercial market decreased slightly from 73% in 2023 to 70% in 2024.
  - Three commercial insurers increased alignment with the Aligned Measure Set (Aetna, ConnectiCare, UnitedHealthcare) from 2023 to 2024 while two insurers became less aligned (Anthem, Cigna).
- Core Measure fidelity scores were low, and ranged widely from 6-47%.

Year	Commercial Market	Aetna	Anthem	Cigna	ConnectiCare	United Healthcare
Aligned Measure Set Fidelity Score						
2024	70%	86%	67%	69%	89%	68%
2023	73%	81%	69%	77%	67%	56%
2022	46%	40%	40%	88%	86%	51%
Core Measure Fidelity Score						
2024	NA	10%	47%	43%	35%	6%

Use of Aligned Measure Set Measures

- The table below shows the number of Aligned Measure Set measures and non-Aligned Measure Set measures insurers are using in Advanced Network contracts, as indicated in the 2024 Quality Council Insurer survey responses.
  - **Note**: This table does not reflect the number of contracts in which each measure is used (i.e., an insurer could be using a measure in only one contract, in some contracts or in all contracts).

Category	Aetna	Anthem	Cigna	ConnectiCare	United Healthcare
# of Core Measures in Use (higher is better, maximum = 8)	3	6	4	4	1
# of Menu Measures in Use (maximum = 19)	7	11	6	7	10
# of Non-Aligned Measure Set Measures in Use (lower is better)	4	13	4	2	7

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 topics:
  - Patient-reported measures
  - Measures recommended for addition
  - Medicaid-only measures

Summary of Recommendations from the May Quality Council Meeting

Summary of Recommendations from the May Quality Council Meeting (1 of 2)

- During the May Quality Council Meeting, the Quality Council recommended **retaining *Prenatal and Postpartum Care* in the Core Set** with implementation guidance that payers are not expected to use the measure in contracts with Advanced Networks that do not include obstetrics providers.
- The Quality Council also recommended retaining the following measures in the Menu Set:

    1. *Follow-Up After ED Visit for Mental Illness (7-Day)*
    2. *Follow-Up After Hospitalization for Mental Illness (7-Day)*
    3. *Screening for Depression and Follow-Up Plan*
    4. *Transitions of Care*

Summary of Recommendations from the May Quality Council Meeting (2 of 2)

- During the May Quality Council Meeting, the Quality Council recommended **removing the following measures from the the Menu Set**:
  - *Maternity Care: Postpartum Follow-Up and Care Coordination*
  - *Substance Use Assessment in Primary Care*
  - *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: Agency for Healthcare Research and Quality
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 (PCPCM) (1 of 3)

- **Description:** PCPCM is 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 (PCPCM) (2 of 3)

- During the 2021 Annual Review, the Quality Council expressed interest in PCPCM, but given it was not widely used, the group ultimately chose to retain PCMH CAHPS in the Aligned Measure Set while recommending pursuing a pilot of PCPCM (DSS was the only payer that agreed to pilot PCPCM in its PCMH program).

	PCMH CAHPS	PCPCM
Advantages	• Easy to add onto CG CAHPS without requiring additional validation • Provides more tailored questions related to access, care coordination, etc.	• Developed with parsimony in mind, i.e., may be less burdensome to the patient (11 questions) • Effectively captures primary care-focused experience
Disadvantages	• Survey length (37-49 questions when combined with CG-CAHPS)	• Not as widely used as the CAHPS survey • May be harder to encourage adoption among providers • Does not have demographic questions as written (DSS added demographic questions)

Person-Centered Primary Care Measure (PCPCM) (3 of 3)

- DSS has piloted PCPCM as a potential replacement for PCMH 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 of 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	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: 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 25th and 50th percentiles) **Statin Adherence 80%**: 83% (between national 50th and 75th 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?**

Medicaid-Only Measures

Medicaid-Only Measures

- The 2024 Aligned Measure Set includes two "Medicaid-only" measures: ***Behavioral Health Screening*** and ***Metabolic Monitoring for Children and Adolescents on Antipsychotics***.
- OHS has determined that including "Medicaid-only" measures is inconsistent with the purpose of a measure set intended to promote alignment across payers.
  - Therefore, OHS has decided to **remove the above two measures** from the 2025 Aligned Measure Set.
  - Instead, OHS wishes to follow the approach 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**.

Non-Aligned PCMH+ Measures

- DSS' PCMH+ Measure Set includes the following 13 measures not found in the 2025 Aligned Measure Set:
  1. *Ambulatory – ED Visits*
  2. *Annual Fluoride Treatment (ages 1-4)*
  3. *Appropriate Treatment for Upper Respiratory Infection*
  4. *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis*
  5. *Behavioral Health Screening*
  6. *Follow-up Care for Children Prescribed ADHD Medication*
  7. *Metabolic Monitoring for Children and Adolescents on Antipsychotics*
  8. *Oral Evaluation, Dental Services*
  9. *Person-Centered Primary Care Measure*
  10. *Potentially Preventable Emergency Department (ED) Visits*
  11. *Potentially Preventable Hospital Admissions*
  12. *Readmissions within 30 days – Physical Health and Behavioral*
  13. *Use of Imaging Studies for Low Back Pain*

Non-Aligned PCMH+ Measures that are Appropriate as Medicaid-Specific Measures

- To save time, OHS has assessed the following measures as reasonably more applicable for a Medicaid population than for a commercial population:

Measure	Rationale
Ambulatory- ED Visits	Measure of utilization, not quality
Annual Fluoride Treatment (ages 1-4)	Care provided by dentists is not covered by commercial insurance
Behavioral Health Screening	Pediatric BH measures tend to only have large enough Ns for Medicaid
F/U Care for Children Prescribed ADHD Medication	Pediatric BH measures tend to only have large enough Ns for Medicaid
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Pediatric BH measures tend to only have large enough Ns for Medicaid
Oral Evaluation, Dental Services	Care provided by dentists is not covered by commercial insurance
Potentially Preventable ED Visits	The Aligned Measure Set currently focuses on ambulatory, not hospital measures
Potentially Preventable Hospital Admissions	The Aligned Measure Set currently focuses on ambulatory, not hospital measures
Readmissions within 30 days- Physical + Behavioral	The Aligned Measure Set currently focuses on ambulatory, not hospital measures

Do Quality Council members disagree with this assessment?

Non-Aligned PCMH+ Measures that May or May Not be Appropriate as Medicaid-Specific Measures (1 of 2)

- OHS requests the Quality Council advise OHS on whether the following four measures are applicable to the Medicaid population but not the commercial population:
  - *Appropriate Treatment for Upper Respiratory Infection*
  - *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis*
  - *Person-Centered Primary Care Measure*
  - *Use of Imaging Studies for Low Back Pain*
- We will review the description for each measure on the next slide.

Non-Aligned PCMH+ Measures that May Not be Appropriate as Medicaid-Specific Measures (2 of 2)

Measure Name | Steward	Measure Description
Appropriate Treatment for Upper Respiratory Infection | NCQA	Percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection that did **not** result in an antibiotic dispensing event.
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | NCQA	Percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did **not** result in an antibiotic dispensing event.
Person-Centered Primary Care Measure | American Board of Family Medicine	An 11-item patient reported assessment of aspects of primary care such as accessibility, comprehensiveness, integration, coordination, relationship, advocacy, family and community context, goal-oriented care, and disease/illness prevention and management.
Use of Imaging Studies for Low Back Pain | NCQA	Percentage of members 18-75 years of age with a principal diagnosis of low back pain who did **not** have an imaging study (plan X-ray, MRI, CT scan) within 28 days of diagnosis.

Do Quality Council members believe that any of these measures should be judged as not applicable to a commercially covered population?

Public Comment

Wrap-Up and Next Steps

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.