

Quality Council

Meeting Date	Meeting Time	Location
November 21, 2024	3:00 pm – 5:00 pm	Zoom Meeting

Participant Name and Attendance Council Members					
Rohit Bhalla	R	Lisa Freeman	R	Joe Quaranta	R
Ellen Carter	R	Amy Gagliardi	R	Andy Selinger	R
Elizabeth Courtney	R	Michael Jefferson	X	Marlene St. Juste	X
Monique Crawford/Stephanie De Abreu	R	David Krol	R	Dan Tobin	R
Sandra Czunas	R	Larry Magras	X	Alison Vail	R
Petrina Davis	R	Phil Roland/Doug Nichols	R	Setu Vora	R
				Steve Wolfson	X
Supporting Leadership & Other Participants					
Alex Reger, OHS	R	Matt Reynolds, Bailit Health	R	Michael Bailit, Bailit Health	R
R = Attended Remotely; IP = In Person; X = Did Not Attend					

Agenda			
	Topic	Responsible Party	Time
1.	Call to Order and Roll Call	Alex Reger	3:00 pm
	Alex Reger called the meeting to order at 3:02 pm. Matt Reynolds conducted roll call. There was a quorum present.		
2.	Council Action: Approval of Minutes	Council Members	3:05 pm
	Lisa Freeman motioned to approve the October meeting minutes. Amy Gagliardi seconded the motion. There was no opposition, nor any abstentions. The minutes were approved.		
3.	OSC Discussion of Quality Measure Challenges	Sandra Czunas	3:10 pm
	Sandra Czunas from the Office of the State Comptroller (OSC) noted that OSC's Health Plan Primary Care Initiative made use of the Quality Council's Aligned Measure Set. Sandra shared OSC's experience with the challenges created when operationalizing five of the measures for a quality performance incentive with primary care practices. <u>Screening for Depression and Follow-Up Plan</u> - Sandra shared that screening tools, coding, and EMRs vary by providers. - Sandra noted that OSC uses NCQA's <i>Depression Screening and Follow-Up for Adolescents and Adults</i> measure, which is currently permitted by OHS to be used instead of the CMS measure. Sandra added that the NCQA measure is challenging due to the need to use LOINC codes. <u>Prenatal and Postpartum Care</u> - Sandra noted that under global billing arrangements, coding for prenatal care is not always captured. - Sandra added that not all provider groups have obstetricians, which poses challenges for the measure since primary care physicians often aren't aware of pregnancies in the first trimester. - Sandra shared that delivery triggers the measure, which is too late for it to be actionable by primary care physicians. - Sandra recommended requiring obstetricians to include initial prenatal visit codes on all delivery claims.		

Asthma Medication Ratio

- Sandra noted that formulary changes can impact medication adherence.
- Sandra shared that auto-refills by pharmacies impact the measure and scripts filled in an emergency department place individuals into the measure who may not have “persistent asthma.”
- Sandra noted that some providers expressed concern that the measure may not be in line with Global Initiative for Asthma guidelines.
- Sandra recommended accounting for formulary changes and/or considering alternative measures.

HbA1c Poor Control (>9%)

- Sandra noted that there are limited lab results in administrative claims, leading to the need for supplemental data feeds, which are burdensome.

Childhood Immunization Status and Adolescent Immunizations

- Sandra shared that Advanced Networks with multiple taxpayer identification numbers (TINs) don’t have the same access to CT WiZ as ANs with a single TIN.

Michael Bailit proposed returning to the Core measures Sandra discussed during the next meeting since the Council already discussed the Core measures in October, but discussing her comments specific to the Menu measures as the Council proceeded during the Menu measures during the current meeting.

A provider representative noted that the increasing pressure on providers to use technology for quality measure reporting is a challenge for smaller, independent provider groups, which may have the unintended consequence of incentivizing market consolidation.

4.	Continue Annual Review of the Aligned Measure Set	Michael Bailit and Matt Reynolds	3:30 pm
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Alex Reger shared that OHS created a form for Council members and other stakeholders to submit their recommendations for measures they would like to see added to the Aligned Measure Set. Alex asked that measure recommendations be emailed to him by December 6th.

Michael Bailit reviewed the Council’s recommendations from the October meeting. For the *Race, Ethnicity, and Language Data Completeness* measure, Michael noted that the Council supported the Health Equity Subgroup’s recommendation to modify the measure to require collection according to OHS’ recently released data standards. However, Michael shared that the Council did not discuss another recommendation from the Health Equity Subgroup about adding completeness of disability status data to the measure.

- One member recommended adding disability status to the measure.
- A provider representative said they thought the measure was laudable but was concerned with the burden associated with data collection.
- Another member wondered about the added challenge / burden to collect disability data and asked how OHS was thinking about supporting implementation. Matt Reynolds replied that the OHS staff responsible for developing the data standards were different from the staff supporting the Quality Council; however, Matt shared that Bailit Health would be meeting with the appropriate OHS staff in early December to discuss this topic and could update the Quality Council during its December meeting.
- Michael Bailit proposed returning to this question next year. Three members expressed agreement with this proposal.
- **Recommendation:** Do not add disability status to the *Race, Ethnicity, and Language Data Completeness* measure for 2026, but revisit in the future.

Breast Cancer Screening

- No member recommended a change to the measure’s status for 2026.
- **Recommendation:** Retain in the Menu Set for 2026.

Cervical Cancer Screening

- No member recommended a change to the measure’s status for 2026.

- **Recommendation:** Retain in the Menu Set for 2026.

Chlamydia Screening

- Michael Bailit noted that NCQA updated the measure to include transgender members recommended for routine chlamydia screening.
- A Council member questioned why the measure was in the Menu Set given that chlamydia screening is only recommended for sexually active individuals. Michael Bailit replied that practices often apply the measure more universally due to challenges in reliably determining who is sexually active. A member of the public noted in the chat that prescription drug claims are often used to identify sexual activity.
- A provider representative supported retaining the measure as they thought it addressed an important public health issue for an age group that is not captured by many quality measures. Two members agreed with retaining the measure.
- **Recommendation:** Retain in the Menu Set for 2026.

Colorectal Cancer Screening

- No member recommended a change to the measure's status for 2026.
- **Recommendation:** Retain in the Menu Set for 2026.

Developmental Screening in the First Three Years of Life

- No member recommended a change to the measure's status for 2026.
- **Recommendation:** Retain in the Menu Set for 2026.

Follow-Up After Hospitalization for Mental Illness

- A provider representative said this was a challenging measure for Medicaid because Medicaid does not provide notification of behavioral health discharges.
- Michael Bailit noted that the measure likely had a smaller denominator for commercial insurers than for Medicaid, adding that he thought this measure might be a good candidate for removal. Matt Reynolds noted that commercial performance jumped 17% from 2022 to 2023, which may speak to volatility due to small denominator size.
- One member expressed support for removing the measure.
- Two members said they were reluctant to remove the measure but were ok with doing so given OHS' intent to look for other behavioral health measures.
- **Recommendation:** Remove from the Menu Set for 2026 and add to the list of measures that DSS may use to meet Medicaid-specific program needs.

Health Equity Measure

- Michael Bailit asked if the Council wished to retain this measure in the Menu Set for 2026.
 - A provider representative thought payers may not like using a measure that relies on provider data where the payers don't have comparably reliable data. On the flip side, Joe wondered if providers might welcome more provider data-driven measures.
 - A payer representative shared that their organization was adding a display-only measure on provider scorecards to measure the percentage of members for whom they are receiving race and ethnicity data (from members directly or from provider collection of member data). The representative noted that the payer organization's next step in the future would be to use the data to stratify quality measures.
 - A Council member thought the measure needed more time and wondered about having the one payer "using" this measure to talk to the Council in the future about its experience. Three members agreed with retaining the measure.
- Michael Bailit asked if the Council supported any of the following changes to the measure recommended by the Health Equity Subgroup:
 - specifying use of OHS' REL standards for stratification;
 - adding disability, sexual orientation, gender identity and sex data to the measure, and
 - adding *PCMH CAHPS* to the measure.

No members spoke in support of the Subgroup's recommendations.

- **Recommendation:** Retain the measure, as currently specified, in the Menu Set for 2026.

Immunizations for Adolescents

- A member of the public commented that low immunization rates are because payers don't incorporate data from other payers. The member of the public said that immunization rates are much higher using CT WiZ.
- Michael Bailit suggested insurers access and use CT WiZ, as is common practice in Rhode Island (using its own state version of CT WiZ). The work group voiced support for such action.
- A representative from DPH offered to connect OHS with the DPH staff responsible for CT WiZ.
- **Recommendation:** Retain in the Menu Set for 2026.

Kidney Health Evaluation for Patients with Diabetes

- No member recommended a change to the measure's status for 2026.
- **Recommendation:** Retain in the Menu Set for 2026.

PCMH CAHPS

- A provider representative noted that DSS uses a different survey measure (*Person-Centered Primary Care Measure*) for its PCMH program.
- A Council member voiced support for using a patient experience measure but noted that it is scarcely being used.
- Another member asked why the survey was not being used. Michael Bailit replied that it was likely due to the cost to insurers; a payer representative confirmed Michael's hypothesis.
- One member recommended removal of the measure. Another member expressed ambivalence. A provider representative questioned whether a more general approach would be better, i.e., supporting general provider use of patient experience surveys without specifying the survey instrument.
- Michael Bailit said that without a defined funding stream for survey administration, common use of one survey seemed like a low-value measure.
- Matt Reynolds said that the Quality Council would revisit the proposal to not specify a patient experience survey instrument during the next meeting when more payers were present.

5.	Public Comment	Members of the Public	4:50 pm
	Alex Reger offered the opportunity for public comment. There were no public comments.		
6.	Council Action: Meeting Adjournment	Alex Reger	5:00 pm
	Alex Reger noted that the next meeting was scheduled to be held in person in Hartford on Thursday, December 19 th from 3-5 pm. Alex added that members would also have an option to attend virtually, if needed.		

All meeting information and materials are published on the OHS website located at:

[Quality Council \(ct.gov\)](https://www.ct.gov/qc)