Quality Council
Meeting Minutes
April 17, 2025 | 3:00 – 5:00 p.m. EDT

Zoom Meeting Recording

ATTENDANCE:

By Electronic Device:

Rohit Bhalla
Ellen Carter, Co-Chair
Sandra Czunas
Lisa Freeman
David Krol
Doug Nichols
David Perry
Alix Pose
Andy Selinger
Jody Terranova
Alison Vail

Absent:

Stephanie De Abreu
Elizabeth Courtney
Petrina Davis
Amy Gagliardi
Joe Quaranta, Co-Chair
Marlene St. Juste
Dan Tobin
Setu Vora

Other Participants:

Lisa Sementilli, OHS
Michael Bailit, Bailit Health
Matt Reynolds, Bailit Health

WELCOME AND CALL TO ORDER

Ellen Carter called the meeting to order and welcomed everyone. Matt Reynolds conducted a roll call. There was a quorum present. Ellen reviewed the agenda for the meeting.

APPROVAL OF March 20, 2025, MINUTES

David Krol motioned to approve the March meeting minutes. Sandra Czunas seconded the motion. There was no opposition. Ellen Carter abstained. The minutes were approved.

Continue the Process of Setting 2026-2030 Quality Benchmarks

Matt Reynolds reminded members of the statutory requirements for the Quality Benchmarks, the measures being used for the 2022-2025 Quality Benchmarks, and the Council's revised criteria for selecting Quality Benchmarks.

Michael Bailit reviewed the Quality Benchmarks logic model. Michael invited members to offer any questions and/or reflections in response to the logic model.

- A provider representative reported finding the logic model helpful. Another provider representative agreed, noting that the Quality Council likely has different levels of control over the different components of the logic model, citing "implementation" as an area over which the Quality Council likely has the least control.

Michael Bailit provided a recap of the Quality Council's recommendations from the March meeting.

- A payer representative asked for clarification on data sources and whether the idea was to set benchmarks based only on claims-data for measures listed as having "claims" as the data source, as referenced in the presentation. Michael Bailit replied that the data sources summarized on the slide were a simplification; Michael explained that the Quality Council would set benchmarks based on performance as outlined in the measure steward's specifications.

REL Data Completeness

Michael Bailit reviewed the measure definition, type, and data source for *REL Data Completeness*. Michael noted that performance on the measure was unknown and that no payers reported using the measure in 2025. Michael asked if members were interested in the measure being a 2026–2030 Quality Benchmark.

- A provider representative said that FQHCs were already collecting these data. The member asked if the measure required collection according to a specified standard. Matt Reynolds replied that the measure required collection according to OHS' REL data standards.
- Another provider representative thought the measure was important but noted that to some extent the measure would be assessing EHR compliance.
- Michael summarized that members did not seem interested in *REL Data Completeness* being a Quality Benchmark measure. No members disagreed with this assessment.

Immunization Measures:

Childhood Immunization Status (Combo 10)

Michael Bailit reviewed the measure definition, steward, data source, and the latest performance data for *Childhood Immunization Status (Combo 10)*. Michael noted that while the measure was not in OHS' Aligned Measure Set, three payers reported using the Combo 10 rate in 2025 and one payer reported using the Combo 3 rate.

Immunizations for Adolescents (Combo 2)

Michael reviewed the measure definition, steward, data source, and the latest performance data for *Immunizations for Adolescents (Combo 2)*. Michael noted that the measure was in the Menu Set and that three of six payers reported using the measure in 2025.

Michael asked if members were interested in either immunization measure being a 2026–2030 Quality Benchmark measure.

- A payer representative expressed concern about the impact that the transition to electronic reporting–only may have on future performance for both measures. Michael replied that benchmark values could be adjusted in the future, should the Quality Council observe a drop in national performance rates.
- A provider representative expressed support for either or both immunization measures being Quality Benchmarks. Another Council member agreed, adding that they were curious about current performance for *Immunizations for Adolescents* but expressed greater concern about *Childhood Immunization Status*.
- Two members expressed support for adding *Childhood Immunization Status* to the Aligned Measure Set as a Menu measure.
- A provider representative noted that FQHCs report on *Childhood Immunization Status* annually. The representative said it was a challenging measure for FQHCs because they serve many patients who have come from other countries where the children may not receive all the requisite vaccines by their second birthday.
- A provider representative noted that the HPV vaccine drives down performance for *Immunizations for Adolescents*.
- Two Council members recommended having both measures for Quality Benchmarks.

- Michael summarized that he heard support for both measures being final candidates for 2026–2030 Quality Benchmarks. Michael shared that he also heard support, both explicitly and implicitly, for adding *Childhood Immunization Status* to the Menu Set for 2026. No members disagreed with this assessment.

Cancer Screening Measures:

Breast Cancer Screening

Michael Bailit reviewed the measure definition, steward, data source, and the latest performance data for the measure. Michael noted that the measure was in the Menu Set and that all six payers reported using the measure in 2025.

Cervical Cancer Screening

Michael Bailit reviewed the measure definition, steward, data source, and the latest performance data for the measure. Michael noted that the measure was in the Menu Set and that five of six payers reported using the measure in 2025.

Colorectal Cancer Screening

Michael Bailit reviewed the measure definition, steward, data source, and the latest performance data for the measure. Michael noted that the measure was in the Menu Set and that four of six payers reported using the measure in 2025.

Michael asked if members were interested in any of the cancer screening measures serving as 2026–2030 Quality Benchmark measures.

- A provider representative said they thought all three cancer screening measures were as important as the immunizations measures. The member noted that Connecticut's breast cancer incidence rates were above average compared to national averages, while the incidence of cervical and colorectal cancers were lower in Connecticut than national average.
- Another member agreed that all three cancer screening measures were very important.
- A payer representative said that the lookback period was a challenge for *Cervical Cancer Screening*. The payer representative said *Breast Cancer Screening* was likely the most valid and reproduceable.
- A provider representative expressed support for all three cancer screening measures but said they would prioritize *Colorectal Cancer Screening* both because it has the lowest aggregate performance and because some of the qualifying screenings include interventions.
- Michael summarized that members were most interested in *Breast Cancer Screening* and *Colorectal Cancer Screening* serving as Quality Benchmarks. No members disagreed with this assessment.

Behavioral Health Measures:

Depression Screening and Follow-Up for Adolescents and Adults

Michael Bailit reviewed the measure definition, steward, data source, and the available performance data for the measure. Michael noted that the Quality Council just recommended adding the measure to the Menu Set for 2026, and unsurprisingly no payer reported using the measure in 2025.

Follow-Up After Emergency Department Visit for Mental Illness (7-day)

Michael Bailit reviewed the measure definition, steward, data source, and the latest performance data for the measure. Michael shared that two of six payers reported using the measure in 2025.

Unhealthy Alcohol Use Screening and Follow-Up

Michael Bailit reviewed the measure definition, steward, and data source. Michael shared that performance data for the measure was not yet available from Connecticut health plans. Michael noted that none of six payers reported using the measure in 2025.

Michael asked if members were interested in any of the behavioral health measures serving as 2026-2030 Quality Benchmark measures.

- A provider representative said *Depression Screening and Follow-Up for Adolescents and Adults* was very complicated because it depends on physician coding, while *Follow-Up After Emergency Department Visit for Mental Illness* was challenging because the ED visit diagnosis is not shared by hospitals. The member noted that FQHCs were not using *Unhealthy Alcohol Use Screening and Follow-Up*.
- A payer representative expressed concerns with *Depression Screening and Follow-Up for Adolescents and Adults* and *Unhealthy Alcohol Use Screening and Follow-Up* being electronic reporting-only. The payer representative also said that *Follow-Up After Emergency Department Visit for Mental Illness* historically had low denominators.
- Michael summarized that members were not interested in any of the behavioral health measures serving as 2026-2030 Quality Benchmarks. No members disagreed with this assessment.

Michael asked if there were other quality measures members wished to consider as potential 2026-2030 Quality Benchmarks. No members suggested additional measures for consideration.

Matt Reynolds reviewed the nine final candidate Quality Benchmark measures in which Council members expressed interest and asked which six measures members wanted to recommend as 2026-2030 Quality Benchmarks.

- A member said that they had always been troubled by *Plan All-Cause Readmissions* because it doesn't relate to why someone was previously in the hospital. The member also expressed support for *Immunizations for Adolescents* over *Childhood Immunizations Status* and for *Breast Cancer Screening* over *Colorectal Cancer Screening*.
- A provider representative said that they believed there was a correlation between *Child and Adolescent Well-Care Visits* and *Childhood Immunization Status*, lowering the need for the latter. The member said *Plan All-Cause Readmissions* reflects the social system more than it does medical care, so they agreed with not including the measure as a Quality Benchmark. The member also agreed that they would prioritize *Breast Cancer Screening* over *Colorectal Cancer Screening*.
    - Another council member felt that there was no duplication between *Child and Adolescent Well-Care Visits* and *Childhood Immunization Status,* and anticipating federal de-investment in vaccination, advocated for both measures. They said that the fact that the latter measure being in high use by payers was a consideration for them.

- A provider representative advocated for inclusion of all three candidate pediatric measures as Quality Benchmarks but added that they would prioritize *Child and Adolescent Well-Care Visits* and *Childhood Immunization Status* over *Immunizations for Adolescents*.
- A payer representative said that they thought denominator size should be a consideration. The payer representative said that they were unsure whether their contracts would have large enough denominators for the pediatric measures.
- Another payer representative recommended the exclusion of *Plan All-Cause Readmissions and Colorectal Cancer Screening*.
- Matt Reynolds asked if anyone wanted to advocate for *Plan All-Cause Readmissions* as a Quality Benchmark measure. Nobody voiced support.
    - Michael Bailit asked whether the Quality Council wanted to remove the *Plan All-Cause Readmissions* from the Core Set.
    - A provider representative observed that the measure does work towards bending the cost curve, and every hospital in Connecticut was working on the measure. The provider did not advocate for retention or removal of the measure.
- Matt Reynolds asked if anyone wanted to advocate for *Colorectal Cancer Screening* as a Quality Benchmark measure.
    - A provider representative advocated for the measure given its room for improvement and impact on morbidity and mortality. The provider also noted that the measure applied to a broader population than *Breast Cancer Screening*.
- A Council member asked Matt Reynolds and Michael Bailit if there was time for the Quality Council members to ponder the choices and revisit with which six of the remaining eight measures to move forward at the next meeting. Another member supported this suggestion.
    - Michael responded that this was possible, but the Quality Council would need to wrap up its recommendations in the first 30 minutes of the next meeting so that it could begin to discuss values for each of the recommended Benchmark measures.
- Matt Reynolds asked the Quality Council to consider several other policy options, including whether the Council was interested in focusing any of the potential remaining measures on specific subpopulations (e.g., by age and/or market) and whether members had interest in not only considering *HbA1c Poor Control*, which is a Core Set measure, but also *HbA1c Good Control*.
    - A provider representative recommended sticking with *HbA1c Poor Control* to limit confusion.
    - Another member asked if focusing on specific subpopulations would simplify the process. Matt replied that it likely would not.
- Michael Bailit committed that OHS would send out the list of eight remaining candidate measures with a few questions for members to consider in advance of the May meeting so that members can make their final recommendations then.

Matt Reynolds reminded members that the Council recommended using a phased approach for implementation of the 2022-2025 Quality Benchmarks. Matt reviewed the pros and cons of using a phased approach and asked members if they recommended using a phased approach for 2026-2030 and, if so, which measures recommended using when.

- Michael Bailit recommended against a phased approach, pointing to the current lack of data for the Phase 2 Benchmark measures at a time when the measures for the next five years were being selected.

- Five Council members expressed agreement with Michael, with one pointing to the fact that all the measures being considered were currently in use.

Debrief on Education Session with Alan Balch of the Patient Advocate Foundation

Ellen Carter described the special educational session held with Alan Balch on April 15th. She asked members what they got out of the session, and what they might have wished was done differently.

- A Quality Council member said they took away that the priorities from different stakeholders (e.g., patients, providers, and payers) don't always completely align. They noted that patient safety measures, in their experience, don't always rise to the top with payers and providers. They said that while Alan offered no solutions, he affirmed for them the value of considering measures through different eyes so that measure sets benefit everybody.
- Another Quality Council member expressed appreciation for Alan's discussion of shared decision-making measures and wished they could have learned more from Alan on this topic.

PUBLIC COMMENT

Ellen Carter offered the opportunity for public comment. No members of the public offered comment.

NEXT STEPS & MEETING ADJOURNMENT

Ellen Carter shared that the next meeting would be held on Thursday, May 15th from 3-5 pm. She noted that OHS staff was interested in convening the Quality Council in person at some point and urged members to consider which of the final candidate measures they wished to prioritize as 2026-2030 Quality Benchmarks in advance of the next meeting.

Lisa Freeman made a motion to adjourn. Sandra Czunas seconded the motion. The meeting adjourned at 4:47pm.

UPCOMING MEETING:

May 15, 2025

Quality Council meeting materials:
https://portal.ct.gov/OHS/Pages/Quality-Council