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Quality Council
April 17, 2025

Call to Order and Roll Call

Agenda

Time	Topic
3:00 p.m.	Call to Order, Roll Call, and Agenda Review
3:05 p.m.	Approval of March 20, 2025 Meeting Minutes — Vote
3:10 p.m.	Continue Process of Setting 2026-2030 Quality Benchmarks
4:50 p.m.	Public Comment
4:55 p.m.	Next Steps and Adjournment

Approval of March 20, 2025 Meeting Minutes – Vote

Continue Process of Setting 2026 – 2030 Quality Benchmarks

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Reminder: Statutory Requirements

- Connecticut General Statute (C.G.S.) § 19a-754g states that "**not later than July 1, 2025**, and every five years thereafter, the executive director shall **develop and adopt annual health care quality benchmarks for the succeeding five calendar years** for provider entities and payers."
- C.G.S § 19a-754g goes on to say that "the executive director shall consider (i) quality measures endorsed by nationally recognized organizations... and (ii) measures that:

  (I) concern health outcomes, overutilization, underutilization and patient safety,

  (II) meet standards of patient-centeredness and ensure consideration of differences in preferences and clinical characteristics within patient subpopulations, and

  (III) concern community health or population health."

Reminder: Current Quality Benchmarks

- OHS' current Quality Benchmarks expire after 2025. The 2022-2025 Quality Benchmarks are as follows:

Phase 1 (2022-2025)

- Asthma Medication Ratio
- Controlling High Blood Pressure
- Glycemic Status Assessment for Patients with Diabetes: HbA1c Poor Control (>9.0%)

Phase 2 (2024-2025)

- Child and Adolescent Well-Care Visits
- Follow-up After Hospitalization for Mental Illness (7-day)
- Follow-up After ED Visit for Mental Illness (7-day)
- Obesity Equity Measure

Reminder: Criteria for Selecting Quality Benchmarks (1 of 2)

1. Addresses the **most significant health needs of Connecticut residents,** including but not limited to behavioral health, health equity, patient safety and patient care experience.
2. 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, and other important demographic and cultural characteristics.
3. Represents an **opportunity for improvement in quality** of care or the health status of the population.

Criteria for Selecting Quality Benchmarks (2 of 2)

4. **Draws from the Core Measure Set**, whenever possible.
5. Associated **performance data are produced annually** and are published no later than two years after the end of the performance period.
6. **Minimizes additional burden** for payers and providers.

The Quality Benchmarks Logic Model

Measure
OHS assesses quality data to first set the Quality Benchmarks and subsequently to measure performance relative to the Benchmarks

Report
OHS publishes the Quality Benchmarks and subsequently publishes performance against the Benchmarks

Analyze
Providers, insurers and the State analyze internal data to identify opportunities to improve quality outcomes

Develop
Providers, insurers and the State develop strategies to improve quality outcomes

Implement
Providers, insurers and the State implement strategies to improve quality outcomes

Setting 2026-2030 Quality Benchmarks: Process Overview

1. Review the **charge** outlined in statute and an **overview of the process** the Council will undertake.
2. Discuss the Quality Benchmarks **logic model**.
3. Review **experience with and performance on** the Quality Benchmarks to date.
4. Revisit the 2021 Quality Council **criteria for selecting measures** and adopt criteria for this year's process.
5. Determine the **number of Quality Benchmarks to set** and whether to again include measures of both **healthcare** and **health status**.
6. Consider **candidate measures**.
7. Determine whether to use a **phased approach** to implementation.
8. Review **recent performance and relevant benchmarks** for selected measures to inform **development of Quality Benchmark values**.

March Meeting Recap

- During our March meeting, members recommended setting **six** Quality Benchmarks for 2026-2030.
  - Members recommended that the Quality Benchmarks be entirely comprised of **healthcare measures**.
- The Council then began considering candidate measures, starting with the first five of the six measures that the Council recommended for the 2026 Core Set.
  - Members expressed interest in further considering each of the first five Core measures, which we will review on the following slide, as potential 2026-2030 Quality Benchmarks.

Candidate Quality Benchmarks: 2026 Core Measures Discussed during March Meeting

Core Measure Name	Steward	Data Source
Child and Adolescent Well-Care Visits	NCQA	Claims
Controlling High Blood Pressure	NCQA	EHR
Glycemic Status Assessment for Patients with Diabetes: Poor Control (>9.0%)	NCQA	EHR
Plan All-Cause Readmission	NCQA	Claims
Prenatal & Postpartum Care	NCQA	Claims

Candidate Measure: *REL Data Completeness*

- This final 2026 Core Set measure assesses the percentage of members with self-reported race, ethnicity, and language data collected by an Advanced Network during the measurement year.
  - It is a **process** measure that requires **electronic** data.
  - The measure relates to **health equity**.
  - Performance on this measure is currently **unknown**.
  - **0 of 6 payers** reported using the measure in 2025.

Are members interested in REL Data Completeness being a 2026-2030 Quality Benchmark measure?

Additional Candidate Measures

- In response to member interest expressed during the March meeting, we will now consider **immunization measures** as potential 2026-2030 Quality Benchmarks.

- We will then consider measures from the Council's recommended 2026 Menu Set relating to two more of the most significant health needs of Connecticut residents: **cancer** and **behavioral health**.

Candidate Measures: Immunizations

Measure Name	Steward	Data Source	2026 Measure Set Status	2025 Payer Use	2023 Commercial Performance	2022 Medicaid Performance
Childhood Immunization Status (Combo 10)	NCQA	Claims	Not in set	4*	70.2	Unknown**
Immunizations for Adolescents	NCQA	Claims	Menu	3	25.9	37.7

Are members interested in either immunization measure being a 2026-2030 Quality Benchmark measure?

* Three payers reported using Combo 10, while one reported using Combo 3 (no Hep A, rotavirus or flu).
**Medicaid's 2023 Combo 10 performance for two-year olds was 52%. This was above the top quartile value (36.1) for state Medicaid programs, per CMS.

Candidate Measures: Cancer Screening

Measure Name	Steward	Data Source	2026 Measure Set Status	2025 Payer Use	2023 Commercial Performance	2022 Medicaid Performance
Breast Cancer Screening	NCQA	Claims	Menu	6	83.9	57.7
Cervical Cancer Screening	NCQA	Claims	Menu	5	85.5	61.3
Colorectal Cancer Screening	NCQA	EHR	Menu	4	77.7	27.0*

Are members interested in any cancer screening measure being a 2026-2030 Quality Benchmark measure?

Candidate Measures: Behavioral Health

Measure Name	Steward	Data Source	2026 Measure Set Status	2025 Payer Use	2023 Commercial Performance	2022 Medicaid Performance
Depression Screening and F/U for Adolescents and Adults	NCQA	EHR	Menu	0	Screening: 1.11 F/U: 64.0	N/A
F/U After ED Visit for Mental Illness (7-day)	NCQA	Claims	Menu	2	77.3	48.3
Unhealthy Alcohol Use Screening and F/U	NCQA	EHR	Menu	0	N/A	N/A

Are members interested in any behavioral health measure being a 2026-2030 Quality Benchmark measure?

Additional Candidate Measures

Are there any other quality measures that members wish to consider for potential 2026-2030 Quality Benchmarks?

Finalizing the 2026-2030 Quality Benchmark Measures

- Now that we have identified which measures members wish to consider as Quality Benchmarks, we must determine which ~six to move forward with as our 2026-2030 Quality Benchmarks.
- On the following slides, we will again review each of the measures in which members expressed interest.

Final Candidate Quality Benchmarks (1 of 2)

Measure Name	Steward	Data Source	2026 Measure Set Status	2025 Payer Use	Performance	
					Comm. (2023)	Medicaid (2022)
Child and Adolescent Well-Care Visits	NCQA	Claims	Core	6	81.2	64.1
Controlling High Blood Pressure	NCQA	EHR	Core	5	71.1	62.2
Glycemic Status Assessment	NCQA	EHR	Core	4	22.0	35.3
Plan All-Cause Readmission	NCQA	Claims	Core	2	0.61*	1.29*
Prenatal & Postpartum Care	NCQA	Claims	Core	3	Pre: 86% Post: 89%	Pre: 92% Post: 80%

Final Candidate Quality Benchmarks (2 of 2)

- Pending discussion earlier in the meeting

Whether or Not to Use a Phased Approach (1 of 2)

- As a reminder, for 2022-2025, the Quality Council recommended using seven measures as Quality Benchmarks. At that time, the Council recommended using a phased approach, with three Quality Benchmarks for the first two years, and adding four more for the final two years.
  - The rationale for this decision was to **ease payer/provider reporting burden** and allow for **time to improve data capture through Connie for "Phase 2" measures.**
  - While a phased approach allows for more focused QI efforts in the initial years, it also means that some Quality Benchmarks are given less time for targeted improvement. It could also mean that little data are available by the fifth year of the benchmarks.

Whether or Not to Use a Phased Approach (2 of 2)

Do members recommend using a phased approach for 2026-2030?

If so, which measures do members recommend using when?

Public Comment

Wrap-Up and Next Steps

Meeting Wrap-Up and Next Steps

- The Quality Council will meet next on **Thursday, May 15th from 3-5 pm**.