Quality Council
Meeting Minutes
May 15, 2025 | 3:00 – 5:00 p.m. EDT
https://us02web.zoom.us/j/84750861796

ATTENDANCE:

By Electronic Device:

Stephanie De Abreu	Lisa Freeman	Joe Quaranta, Co-Chair
Ellen Carter, Co-Chair	Amy Gagliardi	Jody Terranova
Elizabeth Courtney	David Krol	Dan Tobin
Petrina Davis	Robert McLean	

Absent:

Rohit Bhalla	Alix Pose	Alison Vail
Sandra Czunas	Andy Selinger	Setu Vora
Doug Nichols	Marlene St. Juste	

Other Participants:

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

WELCOME AND CALL TO ORDER

Joe Quaranta called the May meeting to order. Joe welcomed Robert McLean to the Quality Council as the new representative of the Connecticut State Medical Society. Matt Reynolds conducted a roll call. There was a quorum present. Joe reviewed the agenda for the meeting.

APPROVAL OF April 17, 2025 MINUTES

Ellen Carter motioned to approve the April meeting minutes. Lisa Freeman seconded the motion. The Quality Council approved the minutes without objection or abstention.

Continue the Process of Setting 2026-2030 Quality Benchmarks

Matt Reynolds reminded members of the statutory requirements for the Quality Benchmarks and of the Quality Benchmark logic model. Matt reminded members of the final eight candidate measures that the Council decided on during the April meeting. Matt shared the six measures deemed highest priority by the 10 members who completed OHS' survey since the April meeting. *Immunizations for Adolescents* and *Child and Adolescent Well-Care Visits* were the two measures that received the least support. Matt asked if members agreed with the results.

- Robert McLean asked what happens if clinical guidelines change within the five-year Quality Benchmark period. Matt Reynolds confirmed that it is possible to revisit the benchmarks if clinical guidelines change or if standardized measure specifications change, and reported the Council had recommended Quality Benchmark modifications to OHS in the past when so indicated.
- Robert McLean recommended that benchmarks be set for three and not five years due to the pace of change in clinical knowledge. Alex Reger said that OHS could revisit the statute that requires that Benchmarks be set for five years.
- Michael Bailit noted that of the three measures with the lowest survey scores, for two, CT performance was above the national 90th percentile for both commercial and Medicaid, whereas

for the third (*Immunizations for Adolescents*) CT had demonstrated poor performance (both relative and absolute) in both commercial and Medicaid markets.

- Dan Tobin said the Council should prioritize measures for which there is opportunity for improvement, so he supported selection of *Immunizations for Adolescents* instead of *Childhood Immunization Status*. Lisa Freeman agreed with Dan.
- Joe Quaranta noted that there was a lot of conflicting opinion about when the HPV vaccine should be administered, adding that pediatricians struggle with the tight timeline prescribed for the vaccine's administration. He said this may be a reason for low performance rates. Joe advocated for adoption of *Child and Adolescent Well-Care Visits* instead.
- Robert McLean expressed interest in American Academy of Pediatrics (AAP) comment on pediatric measure and said measures should not be selected if the AAP opposes them.
- David Krol said he thought it was reasonable to include *Immunizations for Adolescents* instead of *Childhood Immunization Status* given the much greater room for improvement. David said one caveat was that in June, the Advisory Committee on Immunization Practices may move to a one-dose HPV schedule. Michael Bailit replied that the Council could adjust the benchmark value(s) in the future if needed.
- Larry Magras noted that DSS was currently conducting a quality improvement project on *Immunizations for Adolescents*.
- **Recommendation**: Proceed Adopt *Controlling High Blood Pressure, Glycemic Status > 9.0%, Colorectal Cancer Screening, Breast Cancer Screening, Prenatal and Postpartum Care,* and *Immunizations for Adolescents* as the six 2026-2030 Quality Benchmark measures.

Michael Bailit reviewed the Council's process for setting benchmark values for the six selected measures, noting that the Council would discuss commercial and Medicaid values during the present meeting. Michael asked if members wished to set 2026-2030 Quality Benchmarks for Medicare Advantage given that the State has less influence over what happens in the Medicare Advantage market.

- Joe Quaranta said that since the objective was not to set targets that entities would use in Medicare Advantage contracts but rather to set targets for improvement statewide, Joe thought that leaving Medicare Advantage out would reduce attention to some of the most vulnerable patients in the state. Amy Gagliardi, Lisa Freeman, and Robert McLean agreed with Joe.
- Michael Bailit noted the Council's apparent agreement on the question and said that it would discuss Medicare Advantage benchmark values during the June meeting.
- **Recommendation**: Set 2026-2030 Quality Benchmarks for the Medicare Advantage population.

Michael Bailit explained that for each of the six recommended Quality Benchmark measures, members should recommend target values for 2030 and then OHS would calculate the Compound Annual Growth Rate for each measure based on the baseline rate and the 2030 target value.

***Breast Cancer Screening* (Commercial)**

- Robert McLean asked for what age range the target would be set. Michael Bailit replied that the benchmark would have to be set now for ages 50-74 and potentially revisited in the future once national benchmark data were available to the Quality Council using the new 42-74 age range adopted by NCQA for 2025.
- Robert McLean suggested using the commercial New England 90th percentile value of 85.0% as the 2030 target. No members disagreed.

- Lisa Freeman asked if the Council had access to statistics on the rate of positive screens. Michael Bailit indicated that it did not. He noted NCQA was adding a new measure(s) related to follow-up after a positive mammogram.
- **Recommendation**: Set the 2030 commercial *Breast Cancer Screening* target at 85.0%.

***Breast Cancer Screening* (Medicaid)**

- Robert McLean suggested setting an audacious target such as 65.0%. Ellen Carter supported setting an aspirational target.
- Dan Tobin said he philosophically liked Robert's suggestion, but thought that increasing from between the 50th and 75th percentiles to above the 90th percentile didn't seem realistic. Dan suggested setting a value between the 75th and 90th percentiles, such as 60%.
- Lisa Freeman supported aspirational thinking, especially given the gap between commercial and Medicaid performance. However, Lisa said she was cautious about not setting the number too high.
- Joe Quaranta noted that medical groups working on quality improvement strive to achieve 1-2% improvement per year, sometimes more. Joe said his organization would be more aggressive setting the 2030 target, and expressed concern with potentially messaging that it was acceptable for Medicaid performance to be far below commercial performance. Joe suggested setting the target at the same percentile level as for the commercial market (the New England 90th), which Matt Reynolds noted equated to 74.5%.
- Robert McLean agreed with Joe about the concerning optics of setting lower targets for Medicaid.
- Dan Tobin wondered what the consequences might be of aiming too high. Michael Bailit replied that setting values that people think aren't achievable can lead to a loss of credibility and the target being ignored if seen as unrealistic.
- Larry Magras said that while he would love to see DSS' rate at 100%, he noted that DSS conducted some quality improvement efforts in Windham County (where performance was lowest), resulting in a modest bump that was not sustained. Larry noted one of the issues was transportation to appointments. Larry also noted that *Breast Cancer Screening* is just a reporting measure for DSS' PCMH+ program. Finally, Larry noted that he believes DSS has fewer levers to use to improve measure performance.
    - Joe Quaranta said that Larry's comments reinforced his perspective that a higher benchmark may call more attention and therefore resources to DSS.
    - Larry Magras noted that DSS was projected to be $300 million over budget this year while providers were all looking for higher payment rates.
    - Michael Bailit noted that the same social factors Larry referenced would also impact Medicaid in other states, and yet other states were performing better.
    - Ellen Carter agreed with Michael. Ellen noted it could be helpful for some Council members to come together to help Larry and DSS identify and pursue levers that would help improve Medicaid performance.
    - Larry Magras expressed concern that for Medicaid to improve performance involved a lot of "ifs," especially with pending federal cuts.
- Joe Quaranta wondered if the national Medicaid 90th percentile of 63.5% was a reasonable compromise. Robert McLean replied that he would prefer Joe's earlier suggestion of using the New England 90th percentile of 74.5%.
- Michael Bailit suggested 67.5%, which would correlate to improvement of 2% each year. Members expressed comfort with this suggestion.

- **Recommendation**: Set the 2030 Medicaid *Breast Cancer Screening* target at 67.5%.

***Colorectal Cancer Screening* (Commercial)**

- Matt Reynolds confirmed that the data presented reflected performance for the age 46-75 population.
- Michael Bailit suggested a 2030 goal of maintaining performance at the current rate of 77.7% given that it exceeds the New England commercial 95th percentile. No members disagreed.
- **Recommendation**: Set the 2030 commercial *Colorectal Cancer Screening* target at 77.7%.

***Colorectal Cancer Screening* (Medicaid)**

- Robert McLean said that the inclusion of additional screening methods to colonoscopy counting towards the measure meant there were fewer excuses for poor performance. Robert suggested setting the 2030 target at the national commercial 50th percentile of 38.1%. Joe Quaranta, Amy Gagliardi, Dan Tobin, David Krol, Jody Terranova and Larry Magras agreed with Robert's recommendation.
- **Recommendation**: Set the 2030 Medicaid *Colorectal Cancer Screening* target at 38.1%.

***Controlling High Blood Pressure* (Commercial)**

- David Krol recommended setting the target at the national commercial 90th percentile of 75.8%. No members disagreed.
- **Recommendation**: Set the 2030 commercial *Controlling High Blood Pressure* target at 75.8%.

***Controlling High Blood Pressure* (Medicaid)**

- Robert McLean suggested setting the same target as for the commercial market (75.8%).
- David Krol recommended using the New England Medicaid 90th (and 95th) percentile of 75.4%. Members supported David's recommendation.
- **Recommendation**: Set the 2030 Medicaid *Controlling High Blood Pressure* target at 75.4%.

***Glycemic Status >9.0%* (Commercial)**

- Robert McLean noted GLP-1s were making improved performance more attainable. Dan Tobin said that while he agreed in theory, he was having a hard time getting GLP-1s prescriptions approved by insurers and also was encountering problems with access at pharmacies, even when prescribed for diabetes. Robert McLean expressed support for Dan's point.
- Members supported setting the target at the national commercial 90th percentile.
- **Recommendation**: Set the 2030 commercial *Glycemic Status > 9.0%* target at 18.5%.

***Glycemic Status >9.0%* (Medicaid)**

- Dan Tobin recommended setting the target at the New England Medicaid 90th percentile of 22.4%. Robert McLean, Larry Magras, and Jody Terranova agreed.
- **Recommendation**: Set the 2030 Medicaid *Glycemic Status > 9.0%* target at 22.4%.

Immunizations for Adolescents (Commercial)

- David Krol suggested setting the target at the national commercial 75th percentile of 38.4% Lisa Freeman agreed. No members disagreed.
- **Recommendation**: Set the 2030 commercial *Immunizations for Adolescents* target at 38.4%.

Immunizations for Adolescents (Medicaid)

- Jody Terranova supported setting the target at the national Medicaid 90th percentile of 48.7%. No members disagreed.
- **Recommendation**: Set the 2030 Medicaid *Immunizations for Adolescents* target at 48.7%.

***Timeliness of Prenatal Care* (Commercial)**

- Robert McLean thought the national commercial 90th percentile of 93.9% was reasonable. No members disagreed.
- **Recommendation**: Set the 2030 commercial *Timeliness of Prenatal Care* target at 93.9%.

***Timeliness of Prenatal Care* (Medicaid)**

- Michael Bailit noted he was not sure it was realistic to expect performance for any measure to climb higher than the mid-90s. Michael suggested aiming to maintain performance. No members disagreed.
- Dan Tobin wondered why DSS was doing so well on this measure. Larry Magras replied that DSS has been running an obstetrics pay-for-performance program with very high engagement from obstetricians. Larry noted the program was being transitioned into a new maternity payment bundle program. Robert McLean commended Larry on the effort and recommended writing about it in *Health Affairs*.
- **Recommendation**: Set the 2030 Medicaid *Timeliness of Prenatal Care* target at 93.7%.

***Postpartum Care* (Commercial)**

- Members supported setting the target at the national commercial 90th percentile.
- **Recommendation**: Set the 2030 commercial *Postpartum Care* target at 93.9%.

***Postpartum Care* (Medicaid)**

- Robert McLean and Larry Magras supported setting the target at the New England commercial 95th percentile. No members disagreed.
- **Recommendation**: Set the 2030 commercial *Postpartum Care* target at 90.0%.

PUBLIC COMMENT

Joe Quaranta offered the opportunity for public comment. No members of the public offered comment.

NEXT STEPS & MEETING ADJOURNMENT

Joe Quaranta shared that the next meeting would be held on Thursday, June 5th from 3-5 pm. The meeting adjourned at 4:43.

UPCOMING MEETING:

June 5, 2025

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