

**Quality Council
Meeting Minutes**

February 20, 2025 | 3:00 – 5:00 p.m. ET

<https://us02web.zoom.us/j/84750861796>

ATTENDANCE:

By Electronic Device:

Rohit Bhalla	Amy Gagliardi	Joe Quaranta, Co-Chair
Ellen Carter, Co-Chair	David Perry (for Michael Jefferson)	Andy Selinger
Elizabeth Courtney	David Krol	Larry Magras (for Jody Terranova)
Sandra Czunas	Alix Pose	Dan Tobin
Lisa Freeman		

In Person:

N/A

Absent:

Monique Crawford/Stephanie De Abreu	Phil Roland/Doug Nichols	Alison Vail
Petrina Davis	Marlene St. Juste	Setu Vora

Other Participants:

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

WELCOME AND CALL TO ORDER

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

APPROVAL OF JANUARY 16, 2025, MINUTES

Alix Pose motioned to approve the January meeting minutes. David Krol seconded the motion. There was no opposition nor any abstentions. The minutes were approved.

Complete Annual Review of the Aligned Measure Set

Michael Bailit shared that following the prior meeting's discussion of stain measures not leading to a consensus recommendation, OHS decided to retain *Statin Therapy for Patients with Diabetes* in the Menu Set for 2026. No members expressed concern about this decision.

Michael asked members if they wished to add *Asthma Emergency Department Visits* or *Pharmacologic Therapy for Persistent Asthma* to the 2026 Aligned Measure Set. For context, Michael also shared that NCQA recently proposed adding a measure in 2026 titled *Follow-Up After Acute Care Visits for Asthma*.

- A Council member recommended waiting to see if NCQA follows through with its proposed new asthma measure.
- An FQHC representative liked all three measures. They noted that for FQHCs, community health workers, rather than clinicians, often conduct follow up with patients after an emergency department or acute care visit.

- Two provider representatives expressed support for both proposed measures but indicated his preference for *Asthma Emergency Department Visits* since the measure would be less burdensome for providers.
- A Council member noted that DSS currently uses *Asthma Emergency Department Visits* as a custom DSS measure derived from a former Children's Health Insurance Program Reauthorization Act (CHIPRA) measure.
- **Recommendation:** Add the DSS version of *Asthma Emergency Department Visits* to the Menu Set for 2026.

Michael asked members if they recommended adding a measure to the 2026 Aligned Measure Set that assesses progress towards / achievement of NCQA Health Equity Accreditation and/or The Joint Commission National Patient Safety Goals.

- An FQHC representative noted that The Joint Commission was pausing its equity requirements in response to directives from the new federal administration. The FQHC representative added that FQHCs were no longer allowed to use federal funds, which are used to pay most FQHC employees to some extent, for any equity activities.
- A provider representative said that organizations comprised of independent practices may have a heavier burden in achieving external standards for health equity, especially for NCQA's Health Equity Accreditation.
- Another provider representative noted that NCQA Health Equity Accreditation also likely requires significant payment to NCQA.
- Another provider representative noted that adding a measure of certification achievement for health equity would raise the question of whether the Quality Council should be promoting other types of certifications. The provider also noted that well-resourced organizations would have an easier time obtaining such certifications.
- **Recommendation:** Do not add a measure of achievement of external standards of health equity but revisit the question next year.

Insurer Fidelity to the 2025 Aligned Measure Set

Matt Reynolds reported insurer fidelity scores for 2025, noting that alignment across the commercial market remained essentially unchanged from 2024 while Core Set fidelity improved from 39% in 2024 to 58% in 2025, driven by a large improvement for Anthem.

- A provider representative asked about alignment by the Office of the State Comptroller (OSC).
 - A payer representative said that Anthem increased its use of Core Measures because of its contract with OSC. A representative from OSC added that collection of supplemental data from providers was needed to generate some of the Core Measures.
- Michael Bailit noted that overall fidelity scores had dropped for two straight years, and Core Measure fidelity was very low for most insurers, especially Aetna and United.
- A Council member asked why there was not more uptake of the Aligned Measure Set. A Council Co-Chair said that OHS planned to have conversations with insurers, which should provide insight into the reasons that payers don't have better fidelity to the Aligned Measure Set.
- A provider representative asked if some measures were used more often than others. Matt reviewed which measures were used more and less frequently. The provider requested a summary of these results. Michael Bailit offered to share this information at the next meeting.
 - A member of the public representing a provider organization asked for the analysis to also indicate which measures are claims-based, as he suspected this would be a driver of

adoption. Matt Reynolds noted that status as an NCQA HEDIS measure is also a distinguishing variable when it comes to adoption.

2025 Quality Council Goals

Matt Reynolds shared draft Quality Council goals for 2025 based on the Council's 2024 goals and feedback provided by members during the January meeting, as well as a new goal regarding Quality Council member education proposed by the co-chairs. Matt asked members for their reactions to the draft goals, including the newly proposed fourth goal.

- A provider representative suggested querying members about education topics of interest to them.
- Four Council members supported the member education goal.
- Matt Reynolds invited members to raise their hands to express interest in an educational session.
 - Dan Tobin, Sandra Czunas, Alix Pose, Joe Quaranta, Lisa Sementilli, Lisa Freeman, Ellen Carter, Larry Magras, Andy Sellinger, and David Krol raised their hands.
- A Council Co-Chair invited input on the goals and the education program outside of the meeting.

Begin Process of Setting 2026–2030 Quality Benchmarks

Michael Bailit reviewed the statutory requirements and logic model for the Quality Benchmarks. Michael noted that OHS planned to coordinate the Quality Council's recommendations for the 2026–2030 Quality Benchmarks with the AHEAD Advisory Committee's recommendations for AHEAD quality targets. Michael then summarized OHS' experience with the Quality Benchmarks to date and asked payers or providers if they had additional context to share about their experience with the Quality Benchmarks thus far. Michael also asked members about the implications of the experience with the Quality Benchmarks to date on the new Quality Benchmarks for 2026–2030 and/or on strategies to meet the new Quality Benchmarks.

- A member of the public representing a provider organization noted the imperative of convincing UnitedHealthcare to share Medicare Advantage data by Advanced Network; also wondered if sole reliance on claims-based measures might be needed to get insurers on board.
- A Council member cited the Council's prioritization of outcomes, and noted clinical data was needed for those measures. The member expressed hope to ease some of the clinical data burden by leveraging Connie.
- A provider representative wondered about being able to provide an estimation of data completeness when reporting provider quality performance data. Michael Bailit replied that it was difficult to always know based on performance rates to what extent clinical data reporting was incomplete for a given measure. Michael added that insurers and providers had been able to overcome the problem of clinical data reporting to insurers in the other Southern New England states.
- An FQHC representative noted patient attribution by private payers often contains inaccuracies (sometimes up to 20% of patients incorrectly attributed to their FQHC). The FQHC representative said that this compromised the accuracy of quality measure reporting.

Michael reviewed the criteria for selecting Quality Benchmarks that the Quality Council developed in 2021 and asked members if they recommended any changes to the criteria.

- A Council member noted that measures from national entities are less burdensome since they are already being calculated. Michael replied that perhaps a criterion should address minimizing the extent to which the Quality Benchmarks yield additional burden.
 - A provider representative agreed with Michael and recommended removing criterion #6 re: prioritizing measures that are not receiving attention from national entities.
 - Despite their sensitivity to burden, a Council member still wanted to consider measures that may not be receiving attention from national entities.

- A provider representative replied that they did not want to create new data reporting.
- A provider representative recommended removing the mention of areas of special priority in criterion #1.
 - A Council member disagreed, highlighting the importance of patient safety and care experience and the lack of measures addressing either topic in the current Quality Benchmarks.
 - Another member agreed that patient experience is crucial.
 - A provider representative replied that they did not intend to dismiss the importance of the areas of special priority listed, but rather that they did not think that the listed topics should be called out as more important than others.
 - A Council member proposed rewording “with attention to the following areas of special priority” to “including but not limited to”.
 - Another Council member wondered how the Council was determining what are the “most significant health needs of Connecticut residents.” Michael replied that OHS could bring data for members to react to at the next meeting. A provider representative supported this idea.
- A provider representative supported criteria numbers 2–5.
- A member of the public representing a provider organization recommended a measure that incentivizes driving patients to primary care (ED visit rates, follow-up visit rates).
- A Council Co-Chair encouraged members to email additional thoughts to Michael and Matt.
- A Council member asked for literature that might be helpful to members in making recommendations for the 2026–2030 Quality Benchmarks.

PUBLIC COMMENT

Ellen Carter offered the opportunity for public comment. There were no public comments.

NEXT STEPS & MEETING ADJOURNMENT

Ellen Carter shared that the next meeting would be held on March 20th from 3–5 pm. Dan Tobin motioned to adjourn. David Krol seconded the motion. The meeting adjourned at 4:57 pm.

UPCOMING MEETING:

March 20, 2025

Quality Council meeting materials:

<https://portal.ct.gov/OHS/Pages/Quality-Council>