

Quality Council

Meeting Date	Meeting Time	Location
January 16, 2025	3:00 pm – 5:00 pm	Zoom Meeting

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

Agenda			
	Topic	Responsible Party	Time
1.	Call to Order and Roll Call	Joe Quaranta	3:00 pm
	Joe Quaranta welcomed everyone to the January meeting. Matt Reynolds conducted a roll call. There was a quorum present. Joe then reviewed the agenda for the meeting.		
2.	Council Action: Approval of Minutes	Council Members	3:05 pm
	Steve Wolfson motioned to approve the December meeting minutes. Setu Vora seconded the motion. There was no opposition, nor any abstentions. The minutes were approved.		
3.	Complete Annual Review of the Aligned Measure Set	Michael Bailit	3:10 pm
	Michael Bailit reviewed the Council's recommendations from the October-December meetings.		
	<u><i>Statin Therapy for Patients with Diabetes</i></u> <ul style="list-style-type: none"> Michael Bailit compared <i>Statin Therapy for Patients with Cardiovascular Disease</i> with the Pharmacy Quality Alliance's (PQA) <i>Proportion of Days Covered: Statins</i>, which Anthem previously reported using. Michael asked which measure members recommended including in the 2026 Aligned Measure Set and whether the measure should be in the Core or Menu Set. A provider representative noted that patients remaining on statins for at least 80% of the year was difficult for physicians to influence. The provider thought the NCQA measures had more clearly defined populations, while the PQA measure did not address appropriate prescribing and entirely assessed patient compliance. <ul style="list-style-type: none"> Another provider representative noted that changing a patient's prescription (e.g., moving from a daily medication to one taken every other day) can impact measure performance for patient adherence. A member of the public noted FQHCs have to report on CMS' <i>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</i>, which did not include patient adherence. They wondered if the Council could consider this measure as well. <ul style="list-style-type: none"> A provider representative expressed support for the CMS measure. 		

- The member of the public noted that despite the measure name, the measure also includes patients with diabetes.
- Another provider representative shared that their organization only reports on statins for patients with diabetes.
- Another provider representative noted that patients are often on statins for a long time and plan design can impact adherence. For this reason, the provider supported using the CMS measure.
- A provider representative noted that performance for statin measures, at least in the Medicare Advantage population, tends to be high. Michael Bailit replied that, based on data from NCQA, Connecticut commercial performance appeared to have plenty of room for improvement.
- A Council member said they would like time to look into the CMS measure.
- Michael noted that the Quality Council had not reached consensus on a preferred approach.
- **Next step:** OHS will process Council feedback to determine how to proceed.

Transitions of Care

- In response to a Council member's request from the previous meeting, Michael shared the transition-of-care measures the Council had previously considered (*Closing the Referral Loop: Receipt of Specialist Report* and *Timely Follow-Up After Acute Exacerbations of Chronic Conditions*) and one new measure (*Care Coordination Quality Measure for Primary Care*).
- A Council member thought that OHS should adopt whichever measure would be the least burdensome to implement.
- A Council member expressed support for *Timely Follow-Up After Acute Exacerbations of Chronic Conditions*.
 - A member of the public noted this measure would be challenging for hospital-owned outpatient clinics.
 - A provider representative expressed support for this measure, noting that this topic was gaining a lot of attention from Advanced Networks.
- **Recommendation:** Replace *Transitions of Care* with *Timely Follow-Up After Acute Exacerbations of Chronic Conditions* in the Menu Set for 2026.

Alternative Asthma Measures

- Michael Bailit presented four alternative asthma measures to *Asthma Medication Ratio: Optimal Asthma Control*, *Asthma Control: Minimal Important Difference Improvement*, *Asthma Action Plan*, and *Pharmacologic Therapy for Persistent Asthma*.
- A provider representative said they thought all four measures were better than *Asthma Medication Ratio*, but added that they thought *Pharmacologic Therapy for Persistent Asthma* was the best option.
 - Another provider agreed but expressed concern that for *Pharmacologic Therapy for Persistent Asthma*, the onus of proof that the medication had been prescribed was on the provider rather than the payer.
 - The first provider asked if OHS could verify that pharmacy claim data can't be used for the measure. Michael Bailit replied that OHS would contact the measure steward.
 - A member of the public shared that *Pharmacologic Therapy for Persistent Asthma* was removed from UDS requirements for FQHCs in part due to the definition of "persistent asthma." They added that asking providers to use a new code would be challenging.
 - A provider representative noted that the level of burden would depend on the EHR.
 - Another provider representative agreed that the measure would be challenging to report.
 - Another provider representative expressed supported *Pharmacologic Therapy for Persistent Asthma*.
- A Council member wondered if *Asthma Action Plan* would be as burdensome.
 - A provider representative said they liked the measure but said it was not clear to them how the action plan was supposed to be documented for the measure. The provider believed it must require a LOINC code(s), which the provider has previously noted is problematic for their practice.
- A member of the public wondered if there is a measure for asthma-related ED visits that could be added to the measure set instead.

- **Next steps:** OHS will contact the measure steward for *Pharmacologic Therapy for Persistent Asthma* to verify that pharmacy claim data cannot be used for the measure. OHS will also research asthma-related ED visit measures.

Unhealthy Alcohol Use Screening and Follow-Up

- A provider representative noted that in pediatrics, providers commonly use the CRAFFT Questionnaire (which is recommended by Bright Futures), so this measure would either require use of an additional screening tool or replacing the tool suggested by Bright Futures.
 - Michael Bailit noted OHS could inquire with the steward about whether the CRAFFT Questionnaire could be used for this measure.
- Two Council members supported adding the measure.
- Another provider representative wondered why the Quality Council previously removed *Tobacco Use: Screening and Cessation Intervention*, as their experience was that the measure had room for improvement.
 - Two other providers replied that levels of tobacco screening rates were high for their organizations, with one adding that intervening in response to a positive screen was the challenge.
- **Recommendation:** Add *Unhealthy Alcohol Use Screening and Follow-Up* to the Menu Set for 2026.

Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder

- No members expressed support for this measure.

New HEDIS Measures for 2025

- Michael shared three HEDIS measures that NCQA added for MY 2025: *Blood Pressure Control for Patients with Hypertension*, *Documented Assessment After Mammogram*, and *Follow-Up After Abnormal Mammogram Assessment*. Michael asked if members wished to return to any of these measures once benchmark data become available.
 - A member of the public noted that the blood pressure measure might be of interest.

Meaningful Access to Health Care Services for Persons Who Prefer a Language Other than English and Persons Who Are Deaf or Hard of Hearing

- No members expressed support for this measure.

Achievement of External Standards for Health Equity

- A member of the public expressed support for adding this measure, noting that FQHCs are certified by The Joint Commission.
- A provider representative wondered how easily the measure would translate for Connecticut when it would be applied to Advanced Networks.
- A Council member supported looking into the practicality of implementing this measure.
- **Next step:** OHS will investigate how this measure could be implemented in Connecticut.

Implementation of the National Culturally and Linguistically Appropriate Services Standards

- No members expressed support for this measure.

4.	Reflect on 2024 Goals and Set Goals for 2025	Michael Bailit	4:10 pm
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Michael Bailit reviewed the extent to which the Quality Council met its 2024 goals. Michael asked if members had any reflections on the Council's work in 2024.

- A Council member said they thought the Council achieved a great deal in 2024.

After reminding members of the Quality Council's mission, Michael asked what goals the Council wished to set for 2025.

- A provider representative noted that it would be helpful if, when presenting measures for consideration, OHS could provide an assessment of the potential provider administrative burden associated with the measure.

	<ul style="list-style-type: none"> • Another provider representative stated that the Quality Council needed to find ways to engage payers to improve fidelity to the Aligned Measure Set. <ul style="list-style-type: none"> ○ A member of the public representing a national insurer noted that their organization was moving towards greater customization of the quality measures it uses in contracts with providers in different states, including in Connecticut. The insurer representative added that Massachusetts and other states are increasingly mandating use of their state measure sets. • Another member of the public representing an insurer said that they would like to see the Quality Council help to advance legislation to allow payers access to state immunization data. Michael Bailit replied that OHS was in the process of setting up a meeting between the CT and RI Departments of Public Health to discuss payer access to / use of state immunization data. • A provider representative shared their view that the Council's goals should focus on three key areas: increasing measure alignment, decreasing provider burden, and increasing the potential for use of alternative data sources such as the state health information exchange, immunization database, etc. <ul style="list-style-type: none"> ○ A member of the public representing an insurer wondered how the Council could advocate for and/or empower providers to build capacity for electronic measurement. • Michael Bailit thanked Quality Council members for their ideas and said conversation on this topic would continue at the next meeting. He said that Council staff would create a draft of 2025 goals for consideration during the next meeting. 		
5.	Begin Process of Setting 2026-2030 Quality Benchmarks	Matt Reynolds	4:45 pm
	There was not sufficient time for this agenda item.		
6.	<u>Public Comment</u>	Members of the Public	4:50 pm
	Alex Reger offered the opportunity for public comment. There were no public comments.		
7.	<u>Council Action: Meeting Adjournment</u>	Joe Quaranta	5:00 pm
	Joe Quaranta shared that the next meeting was scheduled for Thursday, February 20 th from 3-5 pm. The meeting adjourned at 4:56 pm.		

All meeting information and materials are published on the OHS website located at:
[Quality Council \(ct.gov\)](https://www.ct.gov/qc)