



Quality Council
January 16, 2025

Call to Order and Roll Call

Agenda

<u>Time</u>	<u>Topic</u>
3:00 p.m.	Call to Order, Roll Call, and Agenda Review
3:05 p.m.	Approval of December 19, 2024 Meeting Minutes — Vote
3:10 p.m.	Complete Annual Review of the Aligned Measure Set
4:10 p.m.	Reflect on 2024 Goals and Set Goals for 2025
4:35 p.m.	Begin Process of Setting 2026–2030 Quality Benchmarks
4:50 p.m.	Public Comment
4:55 p.m.	Meeting Wrap-Up and Next Steps
5:00 p.m.	Adjournment

Approval of December 19, 2024 Meeting Minutes – Vote

Complete Annual Review of the Aligned Measure Set

October–December Meetings Recap (1 of 4)

1. The Council recommended **retaining the following six measures in the Core Set** for 2026:
 - *Child and Adolescent Well-Care Visits*
 - *Controlling High Blood Pressure*
 - *Glycemic Status Assessment for Patients with Diabetes (>9.0%)*
 - *Plan All-Cause Readmissions*
 - *Prenatal and Postpartum Care*
 - *Race, Ethnicity and Language Data Completeness*
2. For *Race, Ethnicity, and Language Data Completeness*, the Council agreed with the Health Equity Subgroup's recommendation to **modify the measure to require collection** according to OHS' recently released data standards.

October–December Meetings Recap (2 of 4)

3. The Council recommended **moving** *Follow-Up After Emergency Department Visit for Mental Illness (7-Day)* **from the Core Set to the Menu Set** for 2026 and potentially replacing it in the Core Set with a different behavioral health measure.
4. The Council recommended **removing** *Asthma Medication Ratio* **from the Menu Set** for 2026 and researching alternative asthma measures for potential addition to the Set.
5. The Council recommended **removing** *Follow-Up After Hospitalization for Mental Illness* **from the Menu Set** for 2026 and adding it to the list of measures that DSS may use to meet Medicaid-specific program needs.

October–December Meetings Recap (3 of 4)

6. The Council recommended **removing** *PCMH CAHPS* from the **Menu Set** for 2026.
7. The Council recommended **replacing** CMS' *Screening for Depression and Follow-Up Plan* in the 2026 **Menu Set** with NCQA's *Depression Screening and Follow-Up for Adolescents and Adults*.
8. The Council recommended **replacing** OHS' *Social Determinants of Health Screening* in the 2026 **Menu Set** with NCQA's *Social Needs Screening and Intervention*.

October–December Meetings Recap (4 of 4)

9. The Council recommended **retaining the following nine measures in the Menu Set** for 2026:

- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Chlamydia Screening*
- *Colorectal Cancer Screening*
- *Developmental Screening in the First Three Years of Life*
- *Health Equity Measure*
- *Immunizations for Adolescents*
- *Kidney Health Evaluation for Patients with Diabetes*
- *Well-Child Visits in the First 30 Months of Life*

10. Finally, the Council agreed to **revisit** *Statin Therapy for Patients with Diabetes* and *Transitions of Care* during today's meeting.

Statin Therapy for Patients with Diabetes (Menu)(1 of 3)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims

National Measure Sets of Interest: Core Quality Measures Collaborative Core Set

Description

The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

- 1. **Received Statin Therapy.** Members who were dispensed at least one statin medication of any intensity during the measurement year.
- 2. **Statin Adherence 80%.** Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Status/Measure Specification Changes	Insurer Measure Use (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Minor changes	2 payers	Received Therapy: 64%	NA
		Adherence: 76%	

Statin Therapy for Patients with Diabetes (Menu) (2 of 3)

- During our last meeting, a representative from Anthem indicated that it had moved away from this diabetes-specific statin measure and towards a statin measure with a broader focus. The measure Anthem is using is the Pharmacy Quality Alliance's (PQA) **Proportion of Days Covered: Statins**.
 - The Quality Council has not considered this measure before. During our review of the 2024 Aligned Measure Set, a provider recommended adding **Statin Therapy for Patients with Diabetes** to the 2025 Aligned Measure Set – a recommendation with which the Council agreed.
 - The following month, a provider recommended adding **Statin Therapy for Patients with Cardiovascular Disease** to the 2025 Aligned Measure Set; the Council declined to add this measure because it did not think the set should include two statin measures.
 - We compare the three measures on the following slide.

Statin Therapy for Patients with Diabetes (Menu) (3 of 3)

Measure Name Steward	Measure Description
Statin Therapy for Patients with Diabetes NCQA	The percentage of members 40–75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and 1) were dispensed at least one statin of any intensity during the measurement year and 2) remained on a statin of any intensity for at least 80% of the treatment period.
Statin Therapy for Patients with Cardiovascular Disease NCQA	The percentage of males 21–75 years of age and females 40–75 years of age who were identified as having clinical ASCVD and 1) were dispensed at least one high- or moderate-intensity statin during the measurement year and 2) remained on a high- or moderate-intensity statin for at least 80% of the treatment period.
Proportion of Days Covered: Statins PQA	The percentage of individuals 18 and older with at least two prescription claims for any statin on different dates of service during the treatment period who had access to statins for at least 80% of the treatment period based on prescription fills.

Which measure do members recommend including in the 2026 Aligned Measure Set, and should the measure be in the Core or Menu Set?

Transitions of Care (Menu)(1 of 2)

Measure Steward: National Committee for Quality Assurance Data Source: Claims/Clinical Data National Measure Sets of Interest: Core Quality Measures Collaborative Core Set			
Equity Analysis			
<ul style="list-style-type: none">A national study of patient-perceived gaps during care transition found that Black patients were less likely than other patient groups to report completing a post-discharge follow-up visit or to receive prescribed medical equipment (Jones et al., 2022).			
Status/Measure Specification Changes	Insurer Measure Use (2025)	Commercial Performance (2023)*	Medicaid Performance (2022)*
Minor changes	0 payers	NA	NA

* Performance is not available because this measure is specified as a Medicare-only measure. When the Quality Council was considering adding this measure in 2022, NCQA confirmed that this measure can be used for other lines of business.

Transitions of Care (Menu) (2 of 2)

- During our last meeting, a member asked if there were any new transition-of-care measures that the Council should consider. Below are the measures the Council previously considered, plus one additional measure.

Measure Name Steward	Measure Description
Closing the Referral Loop: Receipt of Specialist Report CMS	The percentage of patients with referrals, regardless of age, for which the referring provider received a report from the provider to whom the patient was referred.
Timely Follow-Up After Acute Exacerbations of Chronic Conditions IMPAQ	The percentage of acute events requiring either an ED visit or hospitalization for one of six chronic conditions where follow-up was received within the timeframe recommended by clinical practice guidelines in a non-emergency outpatient setting.
Care Coordination Quality Measure for Primary Care AHRQ	A 66-question survey of adult patients' experiences with care coordination in primary care settings.

Do members recommend replacing Transitions of Care in the 2026 Menu Set with any of the above measures?

New Measures for Consideration

- We will now consider new measures for addition to the Aligned Measure Set, including:
 - **alternative asthma measures** to replace *Asthma Medication Ratio* in the Menu Set;
 - **alternative behavioral health measures** to replace *Follow-Up After Emergency Department Visit for Mental Illness* and *Follow-Up After Hospitalization for Mental Illness* in the Core and/or Menu Sets;
 - **new HEDIS measures** for MY2025, and
 - measures **recommended for addition by the Health Equity Subgroup.**

Alternative Asthma Measures

Measure Name Steward	Description
Optimal Asthma Control Minnesota Community Measurement	Composite measure of the percentage of pediatric and adult patients (ages 5–50) whose asthma is well-controlled as demonstrated by one of three age-appropriate patient-reported outcome tools and not at risk for exacerbation.
Asthma Control: Minimal Important Difference Improvement American Academy of Allergy, Asthma, and Immunology (AAAAI)	The percentage of patients aged 12 years and older whose asthma is not well-controlled as indicated by one of three age-appropriate patient-reported outcome tools and who demonstrated a minimal important difference improvement upon a subsequent office visit during the 12-month period.
Asthma Action Plan AAAAI	Percentage of patients aged 5 years and older with a diagnosis of asthma who received a written asthma action plan at one or more visits during the measurement period.
Pharmacologic Therapy for Persistent Asthma AAAAI	Percentage of patients aged 5 years and older with a diagnosis of persistent asthma who were prescribed long-term control medication.

Do members wish to add any of these measures to the Aligned Measure Set for 2026?

Alternative Behavioral Health Measures (1 of 3)

- Before we review two new candidate behavioral health measures for consideration, we summarize the behavioral health measures that the Quality Council has added to, and subsequently removed from, the Aligned Measure Set over past three years.

Measure Name Steward	History
Behavioral Health Screening DSS	Moved to DSS only for 2025
Child and Adolescent MDD: Suicide Risk Assessment AMA-PCPI	Removed for 2022
Concurrent Use of Opioids and Benzodiazepines Pharmacy Quality Alliance	Removed for 2025
Depression Remission at 12 months MN Community Measurement	Removed for 2022
Depression Response at 12 months MN Community Measurement	Removed for 2022
Follow-Up Care for Children Prescribed ADHD Medication NCQA	Removed for 2024
Follow-Up After Hospitalization for Mental Illness NCQA	Moved to DSS only for 2026
Metabolic Monitoring for Children and Adolescents on Antipsychotics NCQA	Moved to DSS only for 2025
Substance Use Assessment in Primary Care Inland Empire Health Plan (CA)	Removed for 2025
Tobacco Use: Screening and Cessation Intervention NCQA	Removed for 2022
Use of Opioids at High Dosage NCQA	Removed for 2025
Use of Pharmacotherapy for Opioid Use Disorder CMS	Removed for 2025

Alternative Behavioral Health Measures (2 of 3)

- One HEDIS measure that the Quality Council has not considered before, and which is included in the Core Quality Measures Collaborative's (CQMC) Behavioral Health Core Set, is:
 - **Unhealthy Alcohol Use Screening and Follow-Up**: The percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care within 60 days.

Alternative Behavioral Health Measures (3 of 3)

- In addition, CMS added a behavioral health measure to its Quality Payment Program for 2024 and beyond that may be of interest to the Quality Council:
 - **Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder**: The percentage of patients aged 18 years and older with a mental and/or substance use disorder who demonstrated improvement or maintenance of functioning based on results from the 12-item World Health Organization Disability Assessment Schedule or Sheehan Disability Scale 30 to 180 days after an index assessment.

Do members wish to add either of these measures for 2026?

New HEDIS Measures for MY 2025

- NCQA added three new HEDIS measures for MY 2025, all of which require use of electronic data only:
 1. **Blood Pressure Control for Patients with Hypertension**: The percentage of members 18–85 years of age who had a diagnosis of hypertension and whose most recent blood pressure was <140/90 mm Hg during the measurement period.
 2. **Documented Assessment After Mammogram**: The percentage of mammograms for members 40–74 years of age documented in the form of a breast imaging reporting and data system (BI-RADS) assessment within 14 days of the mammogram.
 3. **Follow-Up After Abnormal Mammogram Assessment**: The percentage of inconclusive or high-risk BI-RADS assessments for members 40–74 years of age that received appropriate follow-up within 90 days of the assessment.

Do members wish to add any of these measures in the future?

Health Equity Subgroup Measure Recommendations

- As a reminder, OHS convened a Health Equity Subgroup this fall. The body met three times and provided recommendations to the Quality Council and OHS on how to advance health equity through the Aligned Measure Set.
 - In addition, to the Subgroup’s recommended modifications to the existing equity measures in the Aligned Measure Set (which we have already discussed) the Subgroup recommended several measures for addition to the Set, the first of which is shown below.

Measure Name	Measure Steward	Description
Meaningful Access to Health Care Services for Persons Who Prefer a Language Other than English and Persons Who are Deaf or Hard of Hearing	Oregon Health Authority (OHA)	The percentage of member visits with interpreter need in which language access services were provided.

Health Equity Subgroup Measure Recommendations

- The Subgroup also recommended adding one of two similar measures; the Subgroup’s preferred measure is below.

Measure Name	Measure Steward	Description
Achievement of External Standards for Health Equity	Massachusetts Executive Office of Health and Human Services (MA EOHHS)	<p>This measure assesses progress towards and/or achievement of external standards related to health equity established by NCQA, The Joint Commission, and state-specific agencies, as applicable:</p> <p>1. Health Plans and Primary Care ACOs: Progress towards/achievement of the NCQA Health Equity Accreditation</p> <p>2. All ACOs: Achievement maintenance of state-specific ACO certification, if/where applicable.</p> <p>3. ACO’s partnered hospitals: Progress towards/achievement of The Joint Commission’s Health Care Equity Certification Program</p>

Health Equity Subgroup Measure Recommendations

- If Council members find the prior measure to be too burdensome, the Subgroup recommended adding the following measure instead.

Measure Name	Measure Steward	Description
Implementation of the National Culturally and Linguistically Appropriate Services (CLAS) Standards	Arizona Health Care Cost Containment System (AHCCCS)	Implementation shall include: <ol style="list-style-type: none">1. Completing an organizational evaluation of current practices and identifying a plan for implementing CLAS standards that are not yet in place.2. Building and supporting a culturally and linguistically diverse practice team.3. Offering language assistance services to individuals who have limited English proficiency and/or other communication needs informed by the identified language needs of attributed members.4. Designing, implementing, and improving programs that provide culturally appropriate services that meet the needs of attributed members.

Health Equity Subgroup Measure Recommendations

Do Council members wish to add any of the Subgroup's recommended measures to the Aligned Measure Set for 2026?

- 1. Meaningful Access to Health Care Services for Persons Who Prefer a Language Other than English and Persons Who are Deaf or Hard of Hearing (Oregon)*
- 2. Achievement of External Standards for Health Equity (Massachusetts)*
- 3. Implementation of the National Culturally and Linguistically Appropriate Services Standards (Arizona)*

Reflect on 2024 Goals and Set Goals for 2025

Reflecting on 2024 Goals (1 of 3)

- The Quality Council set five goals for 2024. Below and on the slides that follow, we assess the extent to which we met our goals for the year.

Goal	Measure(s)	Status
1. Complete the annual measure set review for 2024.	<ul style="list-style-type: none">• Complete the annual review, with recommendations to OHS by June 2023.• Review patient-reported measures for potential addition to the 2025 Aligned Measure Set.• Remove low-value measures from the Aligned Measure Set.	<ul style="list-style-type: none">✓ Annual review completed in June.✓ Patient-reported measures were reviewed, although none were added.✓ The 2025 set contains six fewer measures than the 2024 set.

Reflecting on 2024 Goals (2 of 3)

Goal	Measure(s)	Status
2. Increase fidelity to the Aligned Measure Set across the five largest commercial insurers in Connecticut.	<ul style="list-style-type: none">Adherence to the Aligned Measure Set among those insurers that reported for 2023 increases from 73% to 80% for 2025.	x Overall commercial fidelity to the Aligned Measure Set for 2025 is 69% .
3. Report on 2022 Quality Benchmark performance at the state, insurer and Advanced Network level.	<ul style="list-style-type: none">Review 2022 Quality Benchmark performance during a Quality Council meeting by April 2024.Identify improvement opportunities in Quality Benchmark performance.	<ul style="list-style-type: none">✓ 2022 Quality Benchmark performance reviewed during the April meeting.✓ Improvement opportunities identified during the April meeting.

Reflecting on 2024 Goals (3 of 3)

Goal	Measure(s)	Status
4. Establish a Health Equity Subgroup to provide recommendations to the Quality Council and OHS for advancing health equity measurement activities.	<ul style="list-style-type: none">• Convene a Health Equity Subgroup in 2024 that submits draft recommendations to the Quality Council in June and final recommendations to the Quality Council and OHS by September.	✓ The Subgroup completed its duties in November.
5. Gain a better understanding of how provider groups are experiencing the Aligned Measure Set.	<ul style="list-style-type: none">• Survey provider groups in 2024 about their familiarity with the Aligned Measure Set and their efforts to drive improvement on the Aligned Measure Set measures.• Invite one or two provider groups to join a 2024 Quality Council meeting and share their experience with the Aligned Measure Set.	<p>x Incomplete.</p> <p>x Incomplete, although OSC shared the experience of its provider groups.</p>

Reflecting on 2024 and Planning for 2025

- Do members have any reflections on our work together in 2024?
- Before we begin to consider goals for 2025, the co-chairs have asked that we reflect upon the Quality Council's purpose.
 - The following slides review the Quality Council's mission as outlined in its bylaws.

Planning for 2025 (1 of 2)

- The Quality Council's (QC's) mission is to advise OHS on the definition and maintenance of an **aligned set of quality measures for use in value-based contracts with Advanced Networks**.
- The mission **includes recommending measures focused on eliminating health disparities**, including by, but not limited to, race, ethnicity, language, disability status, sexual orientation, gender identity, and sex.
- The QC's mission also includes advising OHS on the definition and maintenance of **measures and performance targets for OHS' Quality Benchmarks program** codified in Connecticut General Statute Section 19a-754g.

Planning for 2025 (2 of 2)

But *why* an aligned quality measure set? *Why* quality benchmarks and performance targets?

1. To focus payer and provider organization focus on a set of strategic priorities in order to improve health care quality in Connecticut and health status of Connecticut residents.
2. To reduce the cost and administrative burden associated with administration of contracts with non-aligned quality performance incentives.

What goals should the Quality Council set for 2025 that will help Connecticut achieve these goals?

Begin Process of Setting 2026 – 2030 Quality Benchmarks

Current Quality Benchmarks

- OHS' current Quality Benchmarks expire after 2025. Below is a reminder of the 2021–2025 Quality Benchmarks.

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

Quality Benchmarks 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.

Setting 2026–2030 Quality Benchmarks: Process Overview

1. Review the **charge** outlined in statute and an **overview of the process** the Council will undertake. [today]
2. Discuss the Quality Benchmarks **logic model**. [today]
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 again use a **phased approach**.
8. Review **recent performance and relevant benchmarks** for selected measures to inform **development of Quality Benchmark values**.

Quality Benchmarks Logic Model

- Before we set new Quality Benchmarks for 2026–2030, we think it is important to ensure that we have a common understanding of the purpose that the Quality Benchmarks are intended to serve.
- We ask you to consider and respond to the following questions:
 - **What changes are the Quality Benchmarks supposed to effectuate?**
 - **How are they expected to do so?**

Public Comment

Wrap-Up and Next Steps

Meeting Wrap-Up and Next Steps

- The Quality Council will meet next on **Thursday, February 20th from 3–5 pm.**