

**Quality Council  
Meeting Minutes  
November 20, 2025 | 3:00 – 5:00 p.m. EST**  
[Meeting Recording](#)

**ATTENDANCE:**

**By Electronic Device:**

Stephanie De Abreu  
Sandra Czunas  
Lisa Freeman  
Amy Gagliardi  
Kara Gavin

David Krol  
Tricia Lang  
Robert McLean  
Alix Pose  
Joe Quaranta, Co-Chair

Andy Selinger  
Dan Tobin  
Setu Vora

**Absent:**

Ellen Carter, Co-Chair  
Elizabeth Courtney  
Petrina Davis

Phil Roland/Doug Nichols  
Marlene St. Juste

Jody Terranova  
Alison Vai

**Other Participants:**

Alex Reger, OHS  
Lisa P. Sementilli, OHS

Matt Reynolds, Bailit Health  
Michael Bailit, Bailit Health

**WELCOME AND CALL TO ORDER**

Joe Quaranta called the November meeting to order. Joe asked Matt Reynolds to conduct a roll call. There was a quorum present. Joe reviewed the agenda for the meeting.

**APPROVAL OF OCTOBER 16, 2025, MINUTES**

David Krol motioned to approve the October meeting minutes. Lisa Freeman seconded the motion. The Quality Council approved the minutes without objection.

**LEARNINGS FROM OHS' PROVIDER SURVEY ON THE ALIGNED MEASURE SET**

Matt Reynolds reminded members of the Quality Council's 2025 goal to gain a better understanding of how providers groups are experiencing the Aligned Measure Set through a survey on quality measurement burden, the Aligned Measure Set, and readiness for transitioning to electronic measurement. Matt shared that OHS conducted the survey in June and received responses from 16 provider organizations, including eight hospital-affiliated Advanced Networks (ANs), seven Federally Qualified Health Centers (FQHCs), and one non-hospital-affiliated, non-FQHC AN.

Matt summarized the survey findings, highlighting the following:

- respondents said they must report on anywhere from 12 to 75 different quality measures;
- 12 respondents thought the burden associated with quality measurement had increased in recent years, largely due to the increased number of quality programs and/or metrics (per four respondents) and the movement to electronic measurement (per three respondents);

- ideas for lessening quality measurement burden included aligning measures across payers (per five respondents) and improving interoperability / data sharing / use of Connie (per five respondents);
- of the 12 respondents that reported familiarity with the Aligned Measure Set, half reported that no payers had raised the Aligned Measure Set during contract negotiations;
- 11 respondents said it would be helpful if all payer contracts were limited to measures in the Aligned Measure Set, and
- only four respondents reported being ready for electronic quality measurement.

Matt asked members for their reactions to the survey findings. Matt also asked what implications the findings should have for shaping the Quality Council's future work.

- Robert McLean expressed surprise that any provider organization would report decreased burden. Robert asked if the organization explained how they managed to lower their reporting burden. Matt Reynolds said he could not recall if the organization provided an explanation but committed to look into the question.
- Sandra Czunas said that OSC had heard a lot of similar input from provider groups and had worked with providers to obtain supplemental data files, which is especially challenging for multi-TIN provider entities.
- David Krol said the responses looked spot-on. He said the challenge with electronic data stands out in the survey. He wondered whether lessening burden through interoperability and Connie might be outside of the Council's scope. He said that getting greater insurer alignment would require collaboration with payers.
- Michael asked David and Sandra what actions they thought would have the most impact to reduce burden.
  - David Krol said #1 would be payer alignment, and #2 would be interoperability to access other data sources.
  - Sandra Czunas agreed that payer alignment should be the highest priority.
  - Joe Quaranta said he thought that the measures needed to be impactful and under provider control.
- Lisa Freeman asked what Connecticut could learn from other states with respect to payer fidelity and quality data exchange.
  - Michael Bailit replied that Massachusetts and Rhode Island had higher fidelity rates than Connecticut. Matt Reynolds noted that Rhode Island's fidelity rates were high because its measure set is mandatory, while Massachusetts was able to achieve high fidelity rates despite the voluntary nature of its measure set because the largest commercial insurers in the state are Massachusetts-based. Michael also explained that provider organizations and payers in other states are struggling with the transition to electronic measures but have different types of coordinated efforts to facilitate the transition.
  - Lisa Freeman wondered whether collaboration could address interoperability and data exchange concerns.
  - Ejay Lockwood from Prospect Medical observed that data sharing and interoperability are distinct issues and should be treated as such. He said practices need to be able to extract data and have someone else normalize them into the right format (data sharing). Michael mentioned the work of the Massachusetts Health Data Consortium to create a common format for transmitting clinical data to insurers for measures in common contractual use.

- Ejay said that would help, but not as much as having payers accept whatever format the providers can deliver.
- Robert McLean noted payers were unlikely to adopt the Aligned Measure Set in Connecticut because they are national and not domestic.
- Cheryl Lescarbeau from Connecticut Children's observed that EHRs often need to be reconfigured and workflows need to be updated to report certain measures.
- Michael Bailit summarized the Quality Council's feedback as 1) asking OHS to consider whether facilitation of improved data sharing was within its scope, and 2) reiterating the primacy of increasing payer fidelity to reduce provider burden and hone provider quality improvement focus.

#### **LEARNINGS FROM PAYER DISCUSSIONS REGARDING ALIGNED MEASURE SET FIDELITY**

Michael Bailit reminded members of its 2025 goal to meet with the largest payers to discuss how they might improve their fidelity to the Aligned Measure Set. For context, Michael reminded members of each payer's 2025 fidelity scores and compared them to the 92% voluntary commercial market fidelity rate achieved in Massachusetts. Michael shared that OHS met with Aetna, Cigna, ConnectiCare, and UnitedHealthcare over the summer; OHS attempted but was unable to schedule a meeting with Anthem. Michael reported that payers indicated that they did not plan to increase their fidelity to the Aligned Measure Set, although some payers noted being in the process of making changes to their national measure sets that, as a byproduct, might increase their fidelity. Michael shared that specific payer comments included:

- "It is challenging for national health plans to keep up with annual, state-specific changes."
- "We would increase alignment if required to."
- "We don't hear pushback from providers."
- "Some measures (e.g., pediatric measures) may not be applicable for all payer populations."

Michael asked members for their reactions to payers' comments. Michael also asked what implications the findings should have for shaping the Quality Council's future work.

- Lisa Freeman suggested convening payers and providers to discuss quality measure use. Michael Bailit replied that it could be worthwhile, although he was skeptical that the national payers would be moved by what they hear from Connecticut providers alone.
- Dan Tobin wondered if Connecticut should be working on quality measure alignment as part of a regional coalition. Michael replied that Connecticut, Massachusetts, and Rhode Island would all have to align their measure sets first, but even that may not move the needle. Michael noted that it could require an even larger group of states to come together.
  - Stephanie de Abreu said she thought regional alignment of quality measures was a decent suggestion.
  - Lisa Freeman supported the idea, noting that the northeast states share many common concerns and experiences.
- Joe Quaranta noted that employers could also influence both payers and providers. Michael noted that the Office of the State Comptroller (OSC) was a good model for this. Sandra Czunas supported the idea of engaging other large employers in the state about following OSC's lead.

#### **2025 GOALS CHECK-IN**

Michael Bailit reviewed the Quality Council's progress towards its 2025 goals, noting that:

- The Council completed its annual review in February;
- OHS met with all payers except Anthem to discuss how they might improve fidelity to the Aligned Measure Set, while 2026 payer fidelity scores were still TBD;

- OHS conducted its survey of provider groups about their experience with quality measurement and the Aligned Measure Set in June and presented the results during today's meeting;
- OHS invited two provider groups to join the December Quality Council meeting to discuss their experience with the Aligned Measure Set, and
- OHS held a quality measurement educational session in April.

#### **BEGIN 2026 GOALS DEVELOPMENT**

Michael Bailit asked members what goals the Quality Council should set for 2026, noting that potential topic areas could include Aligned Measure Set size and composition, Aligned Measure Set fidelity, transitioning to electronic measurement, advancing health equity, Quality Benchmark performance, and using Connie for quality measurement.

- Lisa Freeman said she would like to see a patient safety and/or patient-reported outcome measure in the Aligned Measure Set. She said she would think through a more specific goal suggestion and follow up over email.
  - George Beauregard expressed support for adding a patient-reported outcome measure. George also expressed support for having a goal focused on electronic measurement.
- Ejay Lockwood asked who dictates Connie's work. Alex said Connie was governed by a board on which OHS sits. Alix Pose said Connie had been a great partner to Optimus Health Care.
- David Krol said that, in addition to leveraging Connie to a greater extent for quality measurement, he would also like to see greater data exchange with the state immunization registry. Alix Pose agreed with David. Michael Bailit noted that other states have done this successfully.
- Robert McLean wondered about measures of environmental sustainability in healthcare and asked if they had been employed in other states' measure sets. Michael responded that he had not seen such measures used elsewhere and reminded the Quality Council that the purpose of the Aligned Measure Set is to align use of quality measures in value-based contracts between payers and provider organizations.
- Michael stated that OHS would return to the December meeting with goal proposals based on the input from members during the meeting.

#### **PUBLIC COMMENT**

Alex Reger offered the opportunity for public comment. Cheryl Lescarbeau of CT Children's reported that they had a meeting with Cigna earlier in the day where she learned that Cigna was changing many of its metrics. She said that Cigna was moving away from HEDIS measures and towards Optum measures for which they can't even share the technical specifications. Cheryl said this spoke to the importance of the Council's work because CT Children's will have to retrain providers in response to a single payer's contract requirements.

#### **NEXT STEPS & MEETING ADJOURNMENT**

Alex Reger shared that the next meeting was scheduled for Thursday, December 18<sup>th</sup> from 3-5 pm. The meeting adjourned at 4:18 PM.

#### **UPCOMING MEETING:**

December 18, 2025

Quality Council meeting materials:

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