



Quality Council  
November 20, 2025

# Call to Order and Roll Call

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# 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 October 16, 2025 Meeting Minutes — Vote
3:10 p.m.	Learnings from OHS' Provider Survey on the Aligned Measure Set
3:45 p.m.	Learnings from Payer Discussions Regarding Aligned Measure Set Fidelity
4:10 p.m.	2025 Goals Check-In
4:30 p.m.	Begin 2026 Goals Development
4:50 p.m.	Public Comment
4:55 p.m.	Next Steps and Adjournment

# **Approval of October 16, 2025 Meeting Minutes – Vote**

# **Learnings from OHS' Provider Survey on the Aligned Measure Set**

# Provider Survey on the Aligned Measure Set (1 of 2)

- One of the Quality Council's 2025 goals is to gain a better understanding of how provider groups are experiencing the Aligned Measure Set. The Council recommended doing so through a survey touching on:
  - the **burden** providers experience related to quality measurement and how the burden could be lessened;
  - their familiarity with, and efforts to drive improvement on, the **Aligned Measure Set** measures;
  - their readiness to move to **electronic measurement**, and how to facilitate the transition.

# Provider Survey on the Aligned Measure Set (2 of 2)

- OHS conducted the survey in June. 16 provider organizations responded, including:
  - Eight hospital-affiliated Advanced Networks
  - Seven Federally Qualified Health Centers
  - One non-hospital-affiliated, non-FQHC Advanced Network
- The results of the survey are summarized on the slides that follow.

# Provider Survey on the Aligned Measure Set: Results (1 of 5)

- Comments on quality measurement burden included:
  1. Measures that rely on EHR data are burdensome (x9 respondents)
    - Due to data that needs to be obtained from other health systems (x4)
    - Due to changing EHR configurations / structured fields (x2)
    - Due to payer processes for supplemental data submission / lags in payer processing of supplemental data (x2)
  2. Manual data entry is a burden (x3)
  3. Staff/education/training on documentation is burdensome (x3)
  4. The volume of measures and variation between payers is a burden (x3)

# Provider Survey on the Aligned Measure Set: Results (2 of 5)

- When asked how the level of burden has changed in recent years, 12 out of 16 providers reported that the burden has increased; only one provider thought it had decreased.
- The primary explanations for the perceived increase were the **increased number of quality programs and/or metrics** (x4 respondents) and the **movement to electronic measurement** (x3 respondents).
- Responding providers said they have to report on anywhere from **12** to **75** different quality measures.

# Provider Survey on the Aligned Measure Set: Results (3 of 5)

- Ideas for lessening quality measurement burden included:
  - Align measures across payers (x5)
  - Improve interoperability / data sharing / use of Connie (x5)
  - Standardize data submission templates / files / standards across payers (x3)
  - Faster payer processing of supplemental data (x3)
  - New software / artificial intelligence (x2)
  - Remove burdensome measures (x2), and specifically measures requiring EHR data (x1)
  - Appropriate reimbursement for time spent on quality measurement (x2), including as a requirement (x1)

# Provider Survey on the Aligned Measure Set: Results (4 of 5)

- 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 out of 16 respondents indicated that it would be helpful if all payer contracts were **limited to measures in the Aligned Measure Set**.
  - When asked why this hasn't happened, the primary reason given (by 5 respondents) was "**payer willingness**."

# Provider Survey on the Aligned Measure Set: Results (5 of 5)

- Only 4 of 16 respondents reported being ready for electronic quality measurement. Ideas for how the transition to electronic measurement could be expedited included:
  - Money/grants/resources (x4)
  - Technical support/assistance (x3)
  - Switching EHRs (x3)
  - Provider collaboration / sharing of best practices (x2)
  - Improved data sharing across providers / payers (x2), including improving Connie (x1)
  - Payer alignment of measures and submission requirements (x1)
  - Regulatory requirements (x1)

# Provider Survey on the Aligned Measure Set: Discussion

- *What reactions do you have to these survey findings?*
- *What implications should these findings have for shaping the Quality Council's future work?*

# **Learnings from Payer Discussions Regarding Aligned Measure Set Fidelity**

# Payer Discussions Regarding Aligned Measure Set Fidelity (1 of 4)

- Another Quality Council goal for 2025 is to meet with the five largest payers to discuss how they might improve fidelity to the Aligned Measure Set.
  - For context, 2025 fidelity scores are shown in the table below.

Overall Commercial	Aetna	Anthem	Cigna	ConnectiCare	United Healthcare
2025 Aligned Measure Set Fidelity Score					
69%	74%	67%	71%	85%	47%
2025 Core Set Fidelity Score					
58%	19%	80%	29%	56%	14%

# Payer Discussions Regarding Aligned Measure Set Fidelity (2 of 4)

- OHS met with Aetna, Cigna, ConnectiCare, and UnitedHealthcare this summer. OHS attempted but was unable to schedule a meeting with Anthem.
- The following slide summarizes these discussions.

# Payer Discussions Regarding Aligned Measure Set Fidelity (3 of 4)

- Generally, payers indicated that they do not plan to increase fidelity to the Aligned Measure Set, although some payers noted being in the process of making changes that, as a byproduct, might increase fidelity. Specific 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.”

# Payer Discussions Regarding Aligned Measure Set Fidelity (4 of 4)

- *What reactions do you have to what we heard from payers?*
- *What implications should these findings have for shaping the Quality Council's future work?*

# 2025 Goals Check-In

# 2025 Goals Check-In (1 of 2)

- The Quality Council set four goals for 2025. Below and on the following slide, we assess the extent to which we have met our goals for the year.

Goal	Measure(s)	Status
1. Complete the annual measure set review for 2025.	<ul style="list-style-type: none"><li>• Complete the annual review, with recommendations to OHS by March 2025.</li></ul>	✓ Annual review completed in February.
2. Increase fidelity to the Aligned Measure Set across the five largest commercial insurers in CT.	<ul style="list-style-type: none"><li>• Meet with the five largest payers by June 30<sup>th</sup> to discuss with the Quality Council how they might improve fidelity to the Aligned Measure Set.</li><li>• Improve adherence to the Aligned Measure Set from 69% in 2025 to 80% in 2026.</li></ul>	<ul style="list-style-type: none"><li>• Met with all payers except Anthem.</li><li>• 2026 adherence TBD.</li></ul>

# 2025 Goals Check-In (2 of 2)

Goal	Measure(s)	Status
3. Gain a better understanding of how provider groups are experiencing the Aligned Measure Set.	<ul style="list-style-type: none"><li>• Survey provider groups by May 31, 2025 about their experience with quality measurement and the Aligned Measure Set.</li><li>• Invite one or two provider groups to join a 2025 Quality Council meeting and share their experience with the Aligned Measure Set.</li></ul>	<ul style="list-style-type: none"><li>✓ Survey conducted in June, with results presented during today's meeting.</li><li>✓ Provider discussion scheduled for our December meeting.</li></ul>
4. Support members' education and confidence related to quality measurement.	<ul style="list-style-type: none"><li>• Provide members with at least one opportunity to participate in a quality measurement educational session by June 30<sup>th</sup>.</li></ul>	<ul style="list-style-type: none"><li>✓ Educational session held in April.</li></ul>

# Begin 2026 Goals Development

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## ***What goals should the Quality Council set for 2026?***

Potential topic areas include:

- Aligned Measure Set size and composition
- Aligned Measure Set fidelity
- Transition to electronic measurement
- Advancing health equity
- Quality Benchmark performance
- Connie and quality measurement

# Public Comment

# Wrap-Up and Next Steps



# Meeting Wrap-Up and Next Steps

- Our next meeting is scheduled to be held virtually on **Thursday, December 18<sup>th</sup> from 3–5 pm.**