

Quality Benchmark Public Hearing – Proposed Modifications to the Phase 1 and Phase 2 Quality Benchmarks

December 13, 2023



Agenda

<u>Time</u>	<u>Topic</u>
10:00 a.m.	Background on Quality Benchmarks
10:15 a.m.	Proposed Changes to the Phase 1 and Phase 2 Quality Benchmarks
10:30 a.m.	Public Comment
11:00 a.m.	Wrap-up and Next Steps

Background on Quality Benchmarks

Background on Quality Benchmarks (1 of 2)

- OHS' Quality Benchmarks are quality measures to which OHS has attached annual target values. All public and private payers, providers and the State must work to achieve to improve healthcare quality in the state.
 - In 2020, Governor Lamont signed Executive Order No. 5 directing OHS to develop annual Quality Benchmarks for CY 2022-2025.
 - In 2022, Public Act 22-118 essentially codified Executive Order No. 5 into law. Among other things, the new statute (C.G.S. § 19a-754g) requires OHS in certain circumstances and permits it in others to take certain measures – including holding public hearings – when seeking to adopt or modify Quality Benchmark measures or values.

Background on Quality Benchmarks (2 of 2)

- OHS tasked its Quality Council to recommend the quality measures to be used as benchmark measures, and the values to be used as performance targets for each measure.
- In 2021, OHS selected seven Quality Benchmark measures and Benchmark values for phased implementation, per the Quality Council's recommendation.
 - For most of the Quality Benchmarks, separate values were established for the commercial insurance and Medicaid markets due to historical disparities in performance. For two measures, separate values were developed for the Medicare Advantage market too.

Quality Benchmark Measures

Phase 1: Beginning 2022

- Asthma Medication Ratio
- Controlling High Blood Pressure
- Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control

Phase 2: Beginning 2024

- 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

Phase 1 Quality Benchmark Measures

Measure Name	Steward	Description	Markets for which 2022-2025 Quality Benchmarks have been Established
Asthma Medication Ratio (Ages 5-18 and Ages 19-64)	NCQA	Percentage of patients (ages 5–18 and 19-64 years of age) who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	<ul style="list-style-type: none"> • Commercial • Medicaid
Controlling High Blood Pressure	NCQA	Percentage of patients 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement year.	<ul style="list-style-type: none"> • Commercial • Medicaid • Medicare Advantage
Hemoglobin A1c (HbA1c) Control for Patients with Diabetes	NCQA	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	<ul style="list-style-type: none"> • Commercial • Medicaid • Medicare Advantage

NCQA = National Committee for Quality Assurance

Proposed Changes to Phase 1 Quality Benchmark Measures

HbA1c Poor Control Specification Changes (1 of 2)

- NCQA has revised *HbA1c Control for Patients with Diabetes: HbA1c Poor Control* for measurement year 2024 to:
 1. **Update the event/diagnosis criteria** to include members with at least two diagnoses of diabetes or who were dispensed at least one diabetes medication and have at least one diagnosis of diabetes.
 2. **Add glucose management indictor (GMI)** as an option to meet numerator criteria (alongside HbA1c) to reflect updated ADA guidelines and recognize those who manage diabetes with continuous glucose monitoring devices.
 3. **Adopt a new measure name:** *Glycemic Status Assessment for Patients with Diabetes*.

HbA1c Poor Control Specification Changes (2 of 2)

- To account for these major specification changes, OHS proposes to:
 1. **Maintain** Glycemic Status Assessment for Patients with Diabetes as a Quality Benchmark Measure for the affected year (MY 2024) and report performance on the measure, but without reference to a Benchmark value (i.e., “reporting only”).
 2. **Re-evaluate** the Quality Benchmark value for Glycemic Status Assessment for Patients with Diabetes after performance is reported for MY 2024 with the potential to adjust the MY 2025 benchmark value.

Proposed Changes to Phase 2 Quality Benchmark Measures

Proposed Changes to Phase 2 Quality Benchmark Measures (1 of 5)

- In October and November, the Quality Council reviewed the Phase 2 Quality Benchmark values and...
 - **recommended changes to the 2025 Quality Benchmark values for the Phase 2 Measures** when the values did not seem appropriate given recent performance on the measures, and
 - **recommended 2024 Quality Benchmark Values for the Phase 2 Measures** because they had not yet been established.
- OHS has considered the Quality Council's recommendations and proposes to make the following modifications to the Quality Benchmark values (see subsequent slides).

Proposed Changes to Phase 2 Quality Benchmark Measures (2 of 5)

- OHS proposes to make the following changes to the Phase 2 **commercial values** for 2024 and 2025:

Quality Benchmark Measure	2022 Connecticut Performance	2024 Recommended Benchmark Value	2025 Recommended Benchmark Value
Child and Adolescent Well-Care Visits	79%	80% <i>(no prior value established)</i>	82% <i>(no prior value established)</i>
Follow-up After ED Visit for Mental Illness (7-Day)	62%	64% <i>(no prior value established)</i>	66%* <i>(previously 75%)</i>
Follow-up After Hospitalization for Mental Illness (7-Day)	65%	67% <i>(no prior value established)</i>	69%* <i>(previously 63%)</i>

* The Quality Council recommended decreasing the 2025 Benchmark value for *Follow-up After ED Visit for Mental Illness* and recommended increasing the 2025 Benchmark value for *Follow-up After Hospitalization for Mental Illness* given recent Connecticut performance on the measures.

Proposed Changes to Phase 2 Quality Benchmark Measures (3 of 5)

- OHS proposes to make the following changes to the Phase 2 **Medicaid values** for 2024 and 2025:

Quality Benchmark Measure	2022 Connecticut Performance	2024 Recommended Benchmark Value	2025 Recommended Benchmark Value
Child and Adolescent Well-Care Visits	64%	66% <i>(no prior value established)</i>	68% <i>(no prior value established)</i>
Follow-up After ED Visit for Mental Illness (7-Day)	48%	60% <i>(no prior value established)</i>	62%* <i>(previously 75%)</i>
Follow-up After Hospitalization for Mental Illness (7-Day)	46%	53% <i>(no prior value established)</i>	55%* <i>(previously 63%)</i>

* The Quality Council recommended decreasing the 2025 Benchmark values for *Follow-up After ED Visit for Mental Illness* and *Follow-up After Hospitalization for Mental Illness* given recent Connecticut performance on the measure, but still keeping the values significantly above 2022 Connecticut performance to motivate improvement on the measures.

Proposed Changes to Phase 2 Quality Benchmark Measures (4 of 5)

- The **Obesity Equity Measure** is the ratio of statewide obesity rates for the Black, non-Hispanic population and the White, non-Hispanic population calculated using BRFSS data (recent performance below).

2025 Quality Benchmark Value	Connecticut Performance		Connecticut Obesity Rate	
			White, non-Hispanic	Black, non-Hispanic
1.33 2019 National ratio	2022	1.32	29.0 ↑	38.3 ↓
	2021	1.53	28.8 ↑	44.2 ↑
	2020	1.51	27.0 ↑	40.7 ↓
	2019	1.65	26.6	43.8

↓ indicates that obesity rate decreased from prior year, ↑ indicates obesity rate increased from prior year

Proposed Changes to Phase 2 Quality Benchmark Measures (5 of 5)

- After reviewing recent performance and discussing with the Quality Council, OHS proposes to make the following changes to the **Obesity Equity Measure Benchmark** values for 2024 and 2025.

Quality Benchmark Measure	2022 Connecticut Performance	2024 Recommended Benchmark Value	2025 Recommended Benchmark Value
Obesity Equity Measure	1.32	1.42 <i>(no prior value established)</i>	1.38 <i>(Previously 1.33)</i>

- OHS also plans to monitor the three-year rolling average obesity rate for the Black, non-Hispanic population against target values of 37% for 2024 and 35% for 2025.

Public Comment

Wrap-up & Next Steps

Wrap-Up & Next Steps

- OHS will be accepting written public comment until **Wednesday, December 20, 2023** end of day. If you would like to submit public comment please send via email to OHS@ct.gov with **Public Comment: Quality Benchmarks Hearing** in the subject line.
- OHS will finalize the Quality Benchmark measures and values no later than **December 31, 2023**.

Appendix

Commercial Market Benchmark Values: Phase 1 Measures

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Asthma Medication Ratio (Ages 5-18)	79%	81%	83%	86% <i>Between the national commercial 50th and 75th percentiles</i>	Overall: 7% Annual: 2%
Asthma Medication Ratio (Ages 19-64)	78%	80%	82%	85% <i>National commercial 90th percentile</i>	Overall: 7% Annual: 2%
Controlling High Blood Pressure	61%	63%	65%	68% <i>Between the New England commercial 50th and 75th percentiles</i>	Overall: 7% Annual: 2%
HbA1c Control for Patients with Diabetes: HbA1c >9%*	27%	26%	25%	23% <i>Between the national commercial 75th and 90th percentiles</i>	Overall: 4% Annual: 1%

The annual change in Benchmark values may not be even due to rounding.

*A lower rate indicates higher performance.

Commercial Market Benchmark Values: Phase 2 Measures

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Child and Adolescent Well-Care Visits	TBD	TBD	TBD	TBD	TBD
Follow-up After ED Visit for Mental Illness (7-Day)	60%	N/A	N/A	75% <i>Between the New England commercial 75th and 90th percentiles</i>	Overall: 15%
Follow-up After Hospitalization for Mental Illness (7-Day)	56%	N/A	N/A	63% <i>Between the New England commercial 75th and 90th percentiles</i>	Overall: 7%

The annual change in Benchmark values may not be even due to rounding.

Medicaid Market Benchmark Values: Phase 1 Measures

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Asthma Medication Ratio (Ages 5-18)	66%	68%	70%	73% <i>Between the national Medicaid 50th and 75th percentiles</i>	Overall: 7% Annual: 2%
Asthma Medication Ratio (Ages 19-64)	63%	65%	67%	70% <i>Between the national Medicaid 75th and 90th percentiles</i>	Overall: 7% Annual: 2%
Controlling High Blood Pressure	61%	63%	65%	68% <i>National Medicaid 75th percentile</i>	Overall: 7% Annual: 2%
HbA1c Control for Patients with Diabetes: HbA1c >9%*	37%	36%	35%	33% <i>National Medicaid 75th percentile</i>	Overall: 4% Annual: 1%

The annual change in Benchmark values may not be even due to rounding.

*A lower rate indicates higher performance.

Medicare Advantage Market Benchmark Values

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Controlling High Blood Pressure	73%	75%	77%	80% <i>National Medicare Advantage 75th percentile</i>	Overall: 7% Annual: 2%
HbA1c Control for Patients with Diabetes: HbA1c >9%*	20%	18%	16%	15% <i>National Medicare Advantage 75th percentile</i>	Overall: 5% Annual: 2%

The annual change in Benchmark values may not be even due to rounding.

*A lower rate indicates higher performance.