



Quality Council

Meeting Date	Meeting Time	Location
May 18, 2023	4:00 pm – 6:00 pm	Zoom Meeting Recording: https://ctvideo.ct.gov/ohs/Quality_Council_Meeting_Recording_05182023.mp4

Participant Name and Attendance		Council Members	
Amy Bethge	X	Amy Gagliardi	R
Rohit Bhalla	R	Karin Haberlin	R
Ellen Carter	R	Danyal Ibrahim	X
Elizabeth Courtney	R	Michael Jefferson	R
Monique Crawford/Stephanie De Abreu	R	Phil Roland/Doug Nichols	R
Sandra Czunas	R	Joe Quaranta	X
Petrina Davis	R	Brad Richards	R
Lisa Freeman	R	Andy Selinger (Co-Chair)	R

Supporting Leadership & Other Participants			
Hanna Nagy, OHS	R	Michael Bailit, Bailit Health	R
Jeannina Thompson, OHS	R	R = Attended Remotely; IP = In Person; X = Did Not Attend	
Kelly Sinko, OHS	X		

Agenda			
	Topic	Responsible Party	Time
1.	Welcome and Call to Order	Andy Selinger	4:00pm
	Andy Selinger called the meeting to order at 4:02pm. Jeannina Thompson took roll call. Jeannina reported that a quorum was present.		
2.	Public Comment	Attendees	4:05pm
	Andy Selinger welcomed public comment. There was none.		
3.	Council Action: Approval of Minutes	Council Members	4:05pm
	Steve Wolfson motioned to approve the April 20th, 2023 meeting minutes. Michael Jefferson seconded the motion. No one objected to approving the meeting minutes. The motion passed.		
4.	Continue 2023 Aligned Measure Set Annual Review	Grace Flaherty/Michael Bailit	4:05pm
	Grace Flaherty reminded the Quality Council about the recommendations it made during the March and April meetings and identified the outstanding measures and measure topics.		
	Follow-up After Emergency Department Visit for Mental Illness (Core) & Follow-up After Hospitalization for Mental Illness (Menu)		
	<ul style="list-style-type: none"> Grace shared Medicaid denominator data for both measures from the Department of Social Services (DSS). A member reported that a payer looked at 2022 commercial data and shared the data. A member asked if denominators could increase if more people accessed services as awareness of behavioral health increased. Grace Flaherty opined that such an outcome was unlikely since better outpatient utilization might decrease ED utilization for mental illness. 		

- Michael Bailit observed that there appeared to be sufficient denominators for both measures for DSS, but the adequacy of denominator size for the commercial population was not clear for *Follow-up After Emergency Department Visit for Mental Illness*.
- A member said she thought this showed there were patients without as many options for treatment, or not accessing care at a lower level of care. The member supported moving *Follow-up After Emergency Department Visit for Mental Illness* to the Menu Set. Another member agreed.
- A member recommended retaining *Follow-up After Emergency Department Visit for Mental Illness* in the Core Set for the Medicaid population. In the chat, two other members supported this recommendation.
- The member recommended retaining *Follow-up After Emergency Department Visit for Mental Illness* in the Core Set for the commercial population too. Another member concurred.
- Grace summarized the conversation as recommending Core Set retention for *Follow-up After Emergency Department Visit for Mental Illness* for the Medicaid population, and either Core Set or Menu Set placement for the commercial population, with a mix of opinions.
- Grace asked for and received confirmation that *Follow-up After Hospitalization for Mental Illness* should remain a Menu Set measure.
- Grace indicated that OHS would consider the Council's recommendations on these measures.
- **Recommendations:**
 - The Quality Council recommended retaining *Follow-up After Emergency Department Visit for Mental Illness* in the Core Set for the Medicaid population, but did not come to consensus on Core or Menu Set placement for the commercial population.
 - The Quality Council recommended that *Follow-up After Hospitalization for Mental Illness* should be retained in the Menu Set.

Maternity Care: Postpartum Follow-up and Care Coordination

- Grace Flaherty described this measure for consideration for potential addition to the Aligned Measure Set in response to a Quality Council member request during the March meeting to add a new maternity measure.
- A member noted that this measure was similar to an Agency for Healthcare Research and Quality (AHRQ) measure, but superior because it assessed what occurred during the visit.
- A member supported the measure's addition, and to the Core Set, emphasizing the importance of postpartum care.
- A member added her support for the measure being added to the Aligned Measure Set, adding that it could help address adverse birth outcomes in Connecticut. Another member agreed.
- In response to a question from a member, Grace explained that Rhode Island had this measure in a maternity care aligned measure set. Grace said that plans reported the measure difficult to report because it required a lot of clinical data. The member said the measure was a good one, but expressed concern because providers lack clinical data sets that capture the information. Michael clarified that Rhode Island's Maternity Care Measure Set was not widely adopted because Rhode Island payers did not widely adopt maternity value-based payment arrangements. The member said his concern was about clinical data accuracy and completeness. Michael said sometimes clinical data accuracy and completeness was related to whether or not performance was being measured. He said if the Quality Council thought the measure was worth the effort of providers and plans, adding the measure and using it would probably result in improved data collection. The member concluded by saying the measure is not feasible at this time.
- A member said the measure assessed important care. She also asked whether the measure could be expanded to mental health screening, and not just depression screening.
- A member wrote in the chat that this was an important measure and adding a means to capture the date easily could be done if the motivation was present. She wrote that there was no time like the present to make a positive change.
- A member said it would take effort to document this information in electronic health record (EHR), but it was worth the effort, especially for black and brown birthing people and women.

- A member said the measure was too important to not find a way to capture in the medical record. She added that her EHR captures some of the screens today, and others could be added through drop-down menus. She encouraged modifying the measure to include broader mental health screening.
- Michael Bailit reminded the Quality Council that its approach to date had been to review and curate existing measures but not to take national measures and change the specifications.
- Grace asked if the Quality Council recommended adding the measure to the Menu Set.
- A member said that as an obstetrician-gynecologist (OB/GYN) he agreed with everything said in support of the measure, but voiced concern about adoption if payers do not have contracts with OB/GYN providers and about data acquisition. Another member echoed this perspective and said that he worried about placing administrative burden on OB/GYNs. A third member agreed with both members' points.
- A member asked a question about maternity value-based contracting. Michael Bailit clarified that the Aligned Measure Set was intended to be used by Advanced Networks in value-based contracts, which may or may not include OB/GYNs. The member reiterated her support for adding the measure because it might spur expansions of postpartum care teams.
- Michael Bailit observed that clinician and patient advocate voices were in favor of adding the measure, while commercial payers were saying that while they saw the clinical merits they were unlikely to use the measure in a contract.
- A member asked about baseline performance on the measure. Grace said she was not aware of such data being available – only data on the National Committee for Quality Assurance's (NCQA's) *Postpartum Care* rate (82% commercial and 82% Medicaid). Another member noted that NCQA's rates were not stratified by race and ethnicity.
- A member expressed curiosity about payer non-participation in measure adoption in an area clearly needing improvement.
- A member said that OB/GYNs served as primary care providers (PCPs) for a certain cohort of women and some women did not have PCPs.
- Michael said based on the conversation, the measure would be added to the Menu Set, but it may not be used. Michael said that if the measure was not used after some time, the Quality Council could discuss adding it to the Core Set to incentivize use.
- A member asked whether there was a glide path to being able to use the measure. Michael said there would likely be no glide path if the measure was not in the Measure Set. Michael said the healthcare system was in the midst of a transition from labor intensive extraction from EHRs to electronic clinical quality measures. Michael said if the measure was operationalized it would involve manual extraction activity using a sample of patients who are attributed to a given Advanced Network.
- A member said she did not think it would be complex to calculate the measure. Michael said there were two issues with calculating the measure: (1) developing the means to document a structured field in the EHR and (2) sharing the information with the insurers so they have performance data.
- A member asked about DSS' new maternity bundle. A DSS representative said this measure would not be included in DSS' maternity bundle for Year 1 (which was delayed until January 2024). The DSS representative said the measure posed data collection challenges.
- **Recommendation:** Grace Flaherty summarized the conversation by saying there was support for adding *Maternity Care: Postpartum Follow-up and Care Coordination* to the Menu Set, with understanding that the measure may not be used initially.

Use of Opioids at High Dosage, Use of Opioids from Multiple Providers and Risk of Continued Opioid Use

- Grace Flaherty reviewed three candidate safe opioid prescribing measures, as requested by a Quality Council measure during the March Council meeting. She reported that one Quality Council member was supportive of adding the first measure, *Use of Opioids at High Dosage*, explaining that the two other measures were not of high value.
- A member explained that Connecticut providers were required by law to check the Prescription Drug Monitoring Program (PDMP) before prescribing an opioid, which reduced the dangerous risk that was the focus of the measure *Use of Opioids from Multiple Providers*.

- With regard to the measure *Risk of Continued Opioid Use*, Grace shared a Quality Council member's feedback that the measure did not distinguish between acute and chronic use, and whether other treatments had been tried before. Grace shared additional feedback from a Massachusetts substance use treatment work group.
- A member said he liked *Use of Opioids at High Dosage* with some reservation, but overall felt the benefits (addressing a major problem) outweighed the downside (the measure could disincentivize high dosage when needed).
- A member asked if use of high dosage opioids could select out use for a vulnerable population (e.g. cancer patients). Another member responded that exclusions were for patients for whom high-dosage opioid use would be clinically appropriate.
- Two members supported the addition of *Use of Opioids at High Dosage*.
- A member asked whether a patient with neurological conditions would be excluded from the measure denominator. Grace said that they would not be excluded. Another member added that evidence of efficacy based on diagnosis was limited and hence prescription of opioids at high dosage was recommended based on an individual patient assessment and not based on diagnosis.
- A member expressed concern that there was no exception for patients of pain management physicians. Another member explained that most opioid prescribing in Connecticut was by non-pain management specialists and added that such specialists should still not be exempt from patient safety expectations. The member dropped his objection.
- A member said in the chat that of the three measures *Use of Opioids at High Dosage* would be the best to add because literature suggested a correlation between high dosages of prescription opioids and the risk of both fatal and nonfatal overdose.
- A member recommended adding *Use of Opioids at High Dosage*.
- Grace asked whether the measure, if added, should replace any of the three existing substance use treatment measures in the Aligned Measure Set. The Quality Council did not recommend removing any of the existing substance use treatment measures.
- **Recommendation:** The Quality Council recommended adding *Use of Opioids at High Dosage* to the Aligned Measure Set as a Menu measure.

CTAHP Proposal

Michael presented the Connecticut Association of Health Plan's (CTAHP's) proposal for the 2024 and 2025 Aligned Measure Sets and asked whether the Quality Council recommended adopting the proposal.

- A member asked how the current structure of the measure set would change under the proposal. Michael said that insurers and Advanced Networks would not need to abide by the Core Set that the Quality Council had recommended. The member said she did not recommend making the change because it altered the current structure of the Core Set.
- A member said she wondered about the underlying reason for CTAHP's proposal. Michael reiterated the CTAHP's rationale as shared with OHS.
- Four members did not recommend adopting the proposal because the current recommended Aligned Measure Set represented the Quality Council's priorities, and the proposal did not serve the purpose of alignment.
- A member asked in the chat what would happen to the maternity and opioid measures the Quality Council had recommended adding to the Aligned Measure Set. Michael said they would go away until the 2026 Aligned Measure Set.
- A member said she thought the proposal's intent was to leave discretion up to plans and providers to determine the appropriate measures to include in contracts.
- A member said in the chat that it was hard to see what the upside of the proposal would be.
- A member from the Comptroller's office agreed that populations were complex, but said the Comptroller's Office was already successfully incentivizing use of the Core Measures in contracting.
- **Recommendation:** The Quality Council recommended that OHS not adopt CTAHP's proposal.

	Michael shared the Quality Council’s recommended 2024 Aligned Measure Set, noting the OHS needed to discuss the follow-up measures. Michael noted that the recommended 2024 Aligned Measure Set contained 30 measures. Michael said during the next Quality Council meeting they would discuss whether there were any measures that the Quality Council would recommend removing.	
5.	<u>Council Action: Wrap-up and Meeting Adjournment</u>	Hanna Nagy 5:50pm
	Steve Wolfson made a motion to adjourn the meeting. Sandra Czunas seconded the motion. There were no objections. The meeting adjourned at 6:01pm.	

Upcoming Meeting Dates:
June 16, 2023 (4:00 – 6:00pm)

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

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