

Quality Council

Meeting Date	Meeting Time	Location
February 22, 2024	3:00 pm – 5:00 pm	Zoom Meeting Recording: https://us02web.zoom.us/rec/share/qFJ5dLmUifWrijbYtw511pUKYwZ8p-7UgJ4lcZio7-RFHUd0oWjciJfE1LLcC71fr.1gB5dUSQBDJwOmK Passcode: sh^9Z0v^

Participant Name and Attendance Council Members					
Rohit Bhalla	R	Amy Gagliardi	X	Marlene St. Juste	X
Ellen Carter	R	Karin Haberlin	X	Daniel Tobin	R
Elizabeth Courtney	R	Michael Jefferson	R	Alison Vail	R
Monique Crawford/Stephanie De Abreu	R	Phil Roland/Doug Nichols	R	Steve Wolfson	R
Sandra Czunas	R	Joe Quaranta	R	Heather Tory	X
Petrina Davis	X	Brad Richards	X		
Lisa Freeman	R	Andy Selinger (Chair)	R		
Supporting Leadership & Other Participants					
Hanna Nagy, OHS	R	Michael Bailit, Bailit Health	R	Grace Flaherty, Bailit Health	R
Aby Cotto, OHS	R	R = Attended Remotely; IP = In Person; X = Did Not Attend			

Agenda			
	Topic	Responsible Party	Time
1.	Welcome and Call to Order	Hanna Nagy	3:00pm
	Hanna Nagy called the meeting to order at 3:02 pm. Aby Cotto took roll call. Aby reported that a quorum was present.		
2.	Council Action: Approval of Minutes	Council Members	3:05pm
	Michael Jefferson motioned to approve the January 18 th meeting minutes. Ellen Carter seconded the motion. No one objected to approving the meeting minutes. The motion passed.		
3.	Review Revised 2024 Quality Council Goals and Measures	Michael Bailit	3:10pm
	<p>Michael Bailit reminded the Quality Council that during the January meeting, it expressed interest in setting goals and associated measures for its work in 2024. Michael said that during the January meeting, Bailit Health presented example goals and the Quality Council offered feedback on the goals and suggested additional goals. Michael presented the revised goals and measures and asked whether the Quality Council had any additional feedback.</p> <ul style="list-style-type: none"> • Michael Bailit asked the Quality Council whether it wanted to add a fidelity goal specific to the Core Set. <ul style="list-style-type: none"> ○ One member asked for clarification on what adherence to a measure set meant. Michael clarified that an insurer using measures not in the Core or Menu Set was not adhering to the measure set. • One member shared that they thought there were too many Menu measures in the Aligned Measure Set and favored consolidating the Menu. Michael highlighted the opportunity during this year’s annual review to reduce the size of the measure set. • Hanna Nagy invited the Quality Council to send her nominations for Health Equity Subgroup members. 		

	<ul style="list-style-type: none"> • Michael asked one member if goal #5 was consistent with his suggestion. The member confirmed that it was consistent. • One member commented that the Health Equity Subgroup must look at a broad definition of health equity, including people from disability community and other less obvious communities. • The Quality Council did not express concerns with the goals as written. 		
4.	Details on the CMMI AHEAD Model	Michael Bailit	3:20pm
	<p>Hanna Nagy shared that Connecticut was planning to apply for the Center for Medicare and Medicaid Innovation (CMMI) States Advancing Health Equity Approaches and Development (AHEAD) Model. Michael provided an overview of the AHEAD model and its quality measurement components.</p> <ul style="list-style-type: none"> • One member asked if the primary care and hospital spending targets would include federally qualified health centers. Michael responded yes and said that if a primary care practice was situated within a hospital, it would only be part of the primary care AHEAD program if the larger hospital entered a global budget contract with Medicare. • One member asked who the convening or coordinating entity would be. Hanna Nagy confirmed that OHS was coordinating Connecticut’s application in partnership with other agencies. • One member asked if the Department of Social Services had committed to participating. Michael responded affirmatively. • One member asked if any of the social determinants of health metrics would figure in the proposal. Michael responded that the proposal did not include specific metrics and CMMI was not asking states to propose measures. • One member asked if other states had applied. Michael responded that two states with current CMMI all-payer model agreements (Maryland and Vermont) were certain to apply, but no states had yet applied. • One member asked how AHEAD would affect other program participation, such as the Medicare Shared Savings Program. Michael shared that CMMI received published guidance on where programs could overlap and where they were exclusive. 		
5.	2024 Aligned Measure Set Annual Review	Grace Flaherty	3:40pm
	<p>Grace Flaherty provided an overview of the Connecticut Aligned Measure Set and its purpose. Grace reminded the Quality Council about the measures in the 2024 Aligned Measure Set. Grace reminded the Quality Council about its measure selection criteria for the Aligned Measure Set. Grace provided an overview of the annual review process and the six considerations the Quality Council should keep in mind when recommending changes to the Aligned Measure Set.</p> <ul style="list-style-type: none"> • One member asked if OHS had received feedback on the Aligned Measure Set that was not specific to any measure but pertained to the annual review process as a whole. Grace responded that it had not. <p>Child and Adolescent Well-Care Visits (Core)</p> <ul style="list-style-type: none"> • Grace shared that NCQA proposed removing telehealth visits, which were added due to the pandemic. She did not anticipate that this would lead to major changes to performance. <ul style="list-style-type: none"> ○ Michael shared that UnitedHealthcare of Rhode Island offered to perform an analysis to see what impact telehealth visits had on this measure, but it would not complete the analysis until summer. • One member shared their concern that removing telehealth would impact people with transportation and access challenges, particularly for the Medicaid population. <ul style="list-style-type: none"> ○ Michael clarified that the proposed change would not remove insurance coverage of telehealth visits, but only remove telehealth visits from the measure specifications. ○ Another member echoed this member’s concern and asked if provider performance would be penalized for providing telehealth visits. Michael said he was unsure but that the analysis would answer this. • One member asked whether pediatricians provided input on whether this proposed change made sense clinically. <ul style="list-style-type: none"> ○ Michael said that he did not know the answer, adding that the Quality Council could submit comments to NCQA. Michael reminded the group that the goal of the discussion was to create 		

awareness of the proposed changes and to discuss comparability over time if performance was affected by the specification change.

- Grace clarified that if a measure had significant specification changes, the group could move the measure from the Core Set to the Menu Set until updated benchmark data were available.
- One member suggested recruiting a pediatrician to the Quality Council.
 - Hanna clarified that Dr. Heather Tory was a pediatrician and a new member of the Quality Council but was unable to attend the meeting. Hanna suggested that the group bring this feedback to Dr. Tory at the next meeting.
- One member added that there was significant concern about the ability to provide effective and complete wellness visits for children through telehealth, and that most pediatricians preferred in-person visits.
- **Recommendation:** The Quality Council recommended retaining *Child and Adolescent Well-Care Visits* as a Core Measure in the 2025 Aligned Measure Set.

Controlling High Blood Pressure (Core)

- Grace shared that NCQA planned to phase out this measure and replace it with a new blood pressure control measure for patients with hypertension.
- One member asked for more details on that timeline.
 - Grace shared that the new measure would be available for use in 2025 but NCQA provided no timeline on when the current measure would be removed. Grace pointed out that the biggest change to the new measure would be the electronic clinical data systems reporting and foresaw this as a big implementation hurdle.
- One member asked for clarification on the pharmacy data method.
 - Grace shared that the current measure specified only one way to identify individuals with hypertension using claims data. NCQA found that this overlooked a group of people, so NCQA proposed to expand the denominator to identify people with hypertension based on pharmacy data.
 - One member added that some hypertension medications were prescribed for things like migraines, not hypertension. They asked how the pharmacy data method would account for this. Grace said that Quality Council staff would review the specifications to confirm whether the pharmacy data method excludes hypertension medications prescribed for reasons other than high blood pressure.
 - **Action Item:** Quality Council staff will review the specifications for NCQA's new blood pressure measure to confirm whether the pharmacy data method excludes hypertension medications prescribed for reasons other than high blood pressure.
 - One member mentioned that there was a field for diagnosis in pharmacy data that should help address this concern.
- Grace proposed that the Quality Council retain this measure given the group's desire to have a blood pressure measure in the measure set and revisit the new measure during next year's annual review when the specifications will have been finalized.
 - The group agreed with Grace's proposal.
- **Recommendation:** The Quality Council recommended retaining *Controlling High Blood Pressure* as a Core Measure in the 2025 Aligned Measure Set.
- **Action Item:** During the 2025 Annual Review, the Quality Council will review NCQA's new blood pressure measure as a potential replacement for *Controlling High Blood Pressure*.

Follow-Up After Emergency Department Visit for Mental Illness (7-Day) (Core)

- Grace shared that NCQA revised the measure's numerator and denominator for 2025. Grace shared that these changes would significantly impact performance due to increased denominator size and (likely) increased performance rates. These impacts could warrant moving this measure to the Menu Set.
- One member asked what other measures Grace would recommend in place of this one.

- Grace shared that Quality Council staff could provide options during the next meeting. In the meantime, she recommended *Screening for Depression and Follow-Up Plan*, which was a measure that was stratified within the *Health Equity* measure.
- One member expressed the importance of including a mental health measure in the Core Set. They favored doing a broader survey of other available measures and moving this measure to the Menu Set.
- One member recommended removing this measure.
- One member expressed a desire to prioritize behavioral health but was dissatisfied with this measure. Therefore, they recommended removing this measure entirely.
- One member recommended retaining this measure in the Core Set until the group could understand the alternatives given that mental health was a priority.
- Michael said that he was interested in hearing from payers since they were not generally using this measure.
 - One member shared concerns about the low denominator size and challenges with follow-up.
 - One member recommended removing this measure given its low denominator size.
- Action Item: Quality Council staff will conduct a scan of behavioral health measures with sufficient denominator size that could replace *Follow-up After Emergency Department Visit for Mental Illness (7-Day)* in the Core Set.

Glycemic Status Assessment for Patients with Diabetes (>9.0%) (Core)

- The group expressed a desire to retain this measure in the Core Set.
- One member asked if there was a reason the group did not consider the 8% measure.
 - Grace recalled that during the 2023 Annual Review, a health plan recommended adding the <8.0% rate to the Aligned Measure Set, but the Quality Council did not support this recommendation. Grace said Quality Council staff would confirm the Quality Council's reasoning after the meeting.
 - Action Item: Quality Council staff will determine why *Glycemic Status Assessment for Patients with Diabetes (<8.0%)* was previously not included in the Aligned Measure Set.
- Recommendation: The Quality Council recommended retaining *Glycemic Status Assessment for Patients with Diabetes (>9.0%)* as a Core Measure in the 2025 Aligned Measure Set.

Health Equity Measure (Core)

- Grace noted that only one insurer was using this measure in 2024 contracts.
- One member suggested that the group could push for more universal adoption of the measure or look for a substitute measure.
 - Michael reminded the group that this was a voluntary measure set and OHS was relying on the commitment of payers and providers to adopt the Aligned Measure Set.
 - One member responded that there may have been challenges preventing insurers from using this measure, and asked if there were other measures that could replace this one.
- Michael reminded the group of its previous efforts to focus on health equity in the measure set.
- One member remarked that they were inclined to keep the measure in the set but wanted to hear from insurers on why the uptake was low.
 - One member responded that the measure was a worthy but aspirational goal, given challenges in examining all five measures and stratification.
 - One member asked what plans need to increase the uptake of this measure.
 - One member responded that this measure was a priority, but it was aspirational.
 - One member wondered if prospects for increased measure uptake looked better in the near future given that payers were still putting infrastructure in place to gather stratified data.
 - Michael suggested that Quality Council staff ask payers about the timeline for measure uptake. He also reminded the group of their health equity priorities.
 - One member remarked that the payers wanted to be a part of health equity efforts but pointed out that the measure required provider data collection.
 - Michael agreed and suggested that provider organizations had an even bigger responsibility to collect this data than payers.

- One member also agreed, and wondered if this could be a topic for the Health Equity subgroup to explore.
- One member asked if other measures could be considered instead of this one.
 - Michael responded that an even more foundational measure would be the *REL Data Completeness* measure adopted by Massachusetts.
- Michael suggested that the Quality Council could discuss whether to replace this measure with a more foundational health equity measure that measures data capture, and then decide whether to put this measure in the Menu Set or remove it.
 - In the chat, one member remarked that Rhode Island had been working with providers to better identify and capture that broad category of "other" as a starting place.
- Action Item: Quality Council staff will ask payers about their timeline for implementing the *Health Equity* measure.
- Action Item: During the next Quality Council meeting, OHS will share *REL Data Completeness* as an addition or alternative to the *Health Equity* measure.

Plan All-Cause Readmission (Core)

- One member remarked that this measure was easy to measure and important for cost mitigation.
- One member pointed out that the admission rate could be skewed by patient population and suggested that the population denominator was an issue.
- Two members favored retaining this measure.
- Recommendation: The Quality Council recommended retaining *Plan All-Cause Readmission* as a Core measure in the 2025 Aligned Measure Set.

Prenatal and Postpartum Care (Core)

- Grace noted that only two insurers were using the measure in 2024 contracts.
- One member said that traditional OB/GYN providers were limited in contracts with primary care-based organizations, which created denominator issues. They said providers may have found it challenging to reach outside of their networks to ensure delivery of OB/GYN services.
 - One member echoed these concerns and added that it was challenging to implement this measure with Advanced Networks.
 - Michael suggested that this measure could be used for more fully integrated Advanced Networks, of which there were several in Connecticut.
 - One member responded that a great percentage of OB/GYNs within the state were integrated but separate from Advanced Networks.
- Grace reminded the group that during the 2023 Aligned Measure Set annual review, the Quality Council added a new maternity care measure to the Menu Set. Grace said the Quality Council would be discussing the new maternity care measure during a future Quality Council meeting.
- Grace asked if anyone recommended removing this measure from the measure set.
 - One member asked how to know if the other measure was a better fit for the Core Set than this one.
- Michael clarified that providers felt challenged in moving the needle on this measure and that this measure did not lend itself to accountability on the part of some Advanced Networks.
 - One member remarked that if that were the case, they would recommend removing this measure. Another member agreed.
 - One member expressed a desire to discuss the other maternity measure in the Menu Set before recommending a course of action. Another member agreed.
- Action Item: The Quality Council will make a recommendation about whether to remove or retain *Prenatal or Postpartum Care* when it discusses *Maternity Care: Postpartum Follow-up and Care Coordination*.

6.	<u>Public Comment</u>	Hanna Nagy	4:50pm
	Hanna invited welcomed public comment. There was none.		
7.	<u>Council Action: Meeting Adjournment</u>	Andy Selinger	5:00pm

Sandra Czunas made a motion to adjourn the meeting. Steve Wolfson seconded the motion. There were no objections. The meeting adjourned at 4:59pm.

Upcoming Meeting Date:
March 21, 2024 from 3-5pm

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