

Quality Council

| Meeting Date | Meeting Time | Location |
|--------------|-------------------|--|
| May 16, 2024 | 3:00 pm – 5:00 pm | Zoom Meeting Recording: https://us02web.zoom.us/rec/share/VbEj2KysXw2w3-FuDxEb1ECZRZv-CsLZBRjaCHg28Kp_Khr6x3Vlezz3id5ClqUc.ELCSzIs1JLrVjx6N Passcode: 4@7p!?.+ |

Participant Name and Attendance | Council Members

| | | | | | |
|-------------------------------------|---|--------------------------|---|---------------|---|
| Rohit Bhalla | R | Amy Gagliardi | R | Dan Tobin | R |
| Ellen Carter | R | Michael Jefferson | R | Heather Tory | X |
| Elizabeth Courtney | X | Phil Roland/Doug Nichols | X | Alison Vail | R |
| Monique Crawford/Stephanie De Abreu | R | Joe Quaranta | R | Steve Wolfson | |
| Sandra Czunas | R | Brad Richards | X | | |
| Petrina Davis | R | Andy Selinger (Chair) | R | | |
| Lisa Freeman | R | Marlene St. Juste | X | | |

Supporting Leadership & Other Participants

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|----------------------|---|--|---|-------------------------------|---|
| Hanna Nagy, OHS | X | Michael Bailit, Bailit Health | R | Grace Flaherty, Bailit Health | R |
| Alex Reger, OHS | R | R = Attended Remotely; IP = In Person; X = Did Not Attend | | | |
| Lisa Sementilli, OHS | R | | | | |
| Abigail Cotto, OHS | R | | | | |

Agenda

| | Topic | Responsible Party | Time |
|-----------|--|------------------------|---------------|
| 1. | Welcome and Call to Order | Alex Reger | 3:00pm |
| | Alex called the meeting to order at 3:04 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 April 18 th meeting minutes. Ellen Carter seconded the motion. No one objected to approving the meeting minutes. The motion passed. | | |

| 3. Quality Benchmark Longitudinal Performance | Michael Bailit | 3:10pm |
|---|----------------|--------|
| <p>Michael Bailit reminded the Quality Council that during the April meeting OHS presented 2022 Quality Benchmark Performance and one member asked whether OHS could provide longitudinal performance data on the Quality Benchmark measures. Michael shared commercial longitudinal data for Phase 1 and Phase 2 Quality Benchmark measures. Michael Bailit noted the limited improvement, if any, on most of the quality measures.</p> <ul style="list-style-type: none"> • Regarding the Phase 1 Quality benchmark measures, a member asked whether the target the <i>Controlling High Blood Pressure</i> specifications changed between 2011-2022. <ul style="list-style-type: none"> ○ Michael Bailit responded that he did not think so. • A member commented that given the significant data collection and reporting challenges associated with the hybrid measures, more patients might have controlled diabetes and blood pressure than reflected in the data. <ul style="list-style-type: none"> ○ Michael Bailit indicated that data collection would likely have become better in this time period rather than worse. ○ The member agreed, noting that provider groups were improving their ability to submit this data to payers. However, he still suspected that the outcomes would be better than the data suggest. • A member commented that blood pressure data were frequently entered into the EHR as text, so depending on how data were pulled, the data might not reflect the care that was delivered in the office. He also commented that as a baseline, some percentage of medication nonadherence was to be expected, and that 100% medication adherence was an unrealistic expectation. <ul style="list-style-type: none"> ○ Michael Bailit echoed the member's last point and added that the group still would have hoped for improvement in performance over time. • In the chat, a meeting attendee commented that as more providers initiated SMART therapy as a treatment option for individuals with asthma, an increase in <i>Asthma Medication Ratio</i> performance might follow. • Michael Bailit suggested that the group discuss in depth what to do about the lack of performance improvement during the next Quality Council meeting. • A member thanked Bailit Health for conducting the analysis and said she found it helpful. • A member remarked that it was positive that there was no dramatic decrease in 2020 performance during the pandemic. <ul style="list-style-type: none"> ○ Grace Flaherty pointed out that NCQA allowed for flexibility in reporting during the pandemic, meaning some 2020 performance data were not publicly reported. | | |

| 4. Aligned Measure Set Annual Review | Grace Flaherty | 4:00pm |
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| <p>Grace summarized the remaining topics of the 2024 Aligned Measure Set annual review. Grace summarized the Quality Council’s recommendations from the April Quality Council Meeting.</p> <p><i>Maternal Health Measures</i></p> <p>Grace reminded the Quality Council about its prior conversation about the two maternal health measures in the 2024 Aligned Measure Set and presented two additional NCQA prenatal and postpartum depression screening measures for the Quality Council’s consideration.</p> <ul style="list-style-type: none"> • A member remarked that while <i>Prenatal and Postpartum Care</i> was about timeliness of care, the measure omitted the content of care, which a member thought was important to include. She thought that prenatal and postpartum depression screening were already standard care, and that <i>Maternity Care</i> did not include blood pressure monitoring, which she viewed as important for maternal health outcomes. • A member recommended inclusion of <i>Prenatal and Postpartum Care</i> in the Core Set because of all the maternal health measure options it was most related to infant mortality. • A member also recommended retaining <i>Prenatal and Postpartum Care</i>, and exploring opportunities to leverage Connie for supplemental data given that this is a hybrid measure. • A member expressed concern that payers might use this measure in their standard programs with Advanced Networks that do not include maternal health specialty providers. The member suggested that OHS give payers better guidance on how to avoid this issue. <ul style="list-style-type: none"> ○ Grace responded that OHS could include guidance on this in its Aligned Measure Set implementation guidance. ○ Michael Bailit asked the group whether the implementation guidance should include an exception for Advanced Networks that do not include providers of obstetrical care. ○ A member responded that in his opinion, this issue applied to measures beyond maternity care measures. ○ A member suggested an alternative in which an Advanced Network was not credited or penalized for the services they did not offer. A member agreed that there should be an exception, or the measure should be moved to the Menu Set. In addition, he recommended removing <i>Maternity Care</i> entirely given its administrative burden. • In the chat, a meeting attendee responded that if there were reasonable minimum denominators, Joe Quaranta’s concern was less of an issue. Another member agreed. <i>[Please note that having a minimum denominator size does not address whether Advanced Networks have obstetric providers in their networks.]</i> | | |

- In the chat, a member asked what the difference was between an exception and a minimum denominator.
- A member responded that they were interconnected, but sometimes the denominator size would roll patients into this measure up into a network that did not provide obstetrical care.
- A member said she heard anecdotal evidence that there were challenges in care coordination when moving back to primary care from obstetrics and wondered if any of the maternal health measures captured whether the primary care provider provided care.
- A member agreed that care coordination was an important consideration, and pointed out that *Prenatal and Postpartum Care* did not include care coordination or care content.
- A member remarked that he had never seen a patient schedule an appointment in primary care with the intent of a postpartum follow-up.
- A member recommended removing *Maternity Care* from the Core Set.
- A member expressed concern that *Maternity Care* did not adequately capture care coordination.
- Grace Flaherty asked if anyone wanted to keep *Maternity Care* in the Aligned Measure Set. No one responded.
- Recommendation: Retain *Prenatal and Postpartum Care* in the Core Set with implementation guidance that payers are not expected to use the measure in contracts with Advanced Networks that do not include obstetrics providers.
- Recommendation: Remove *Maternity Care* from the Aligned Measure Set.
- Action Item: Update the implementation guidance to include guidance on use of *Prenatal and Postpartum Care* in contracts.

Transitions of Care (Menu)

Grace reminded the Quality Council about its prior conversation about this measure and shared the additional information OHS and Bailit Health learned from the provider that recommended removing the measure from the Aligned Measure Set.

- A member pointed out that this measure was in the Menu Set, so payers and provider groups could work together to see if this measure fit their clinical model. Secondly, a member said he thought *All-Cause Readmissions* and *Transitions of Care* were complimentary measures rather than exclusionary, and recommended retaining *Transitions of Care*.
 - A member also recommended retaining *Transitions of Care* because many studies showed that errors occurred during transitions of care, and wanted to keep emphasizing this issue even if it was redundant with what CMS was promoting.
 - A member also recommended retaining *Transitions of Care* because care coordination often fell to the family members during transitions of care.
 - Two members agreed that *Transitions of Care* should be retained.

- A member asked who was accountable for performance on this measure, the hospital discharging the patient or the outpatient provider responsible for patient engagement post-discharge. He said he would not recommend this measure if one party was penalized for another party's failure.
 - A member thought that the importance of care transitions outweighed the member's concern.
 - A member said someone had to be designated in charge during a care transition and this needed to be communicated.
- Recommendation: Retain *Transitions of Care* in the Aligned Measure Set.
- Action Item: Bailit Health will clarify who is responsible for accountability for performance on *Transitions of Care*.

Behavioral Health Measures

Grace presented the behavioral health measures in the 2024 Aligned Measure Set and reminded the Quality Council about its prior conversations about *Concurrent Use of Opioids and Benzodiazepines (remove)* and *Follow-Up After ED Visit for Mental Illness (7-day)*. Grace asked the Quality Council to keep in mind whether it recommended elevating any of the other behavioral health measures to the Core Set.

Follow-Up After Hospitalization for Mental Illness (7-Day) (Menu)

- A member emphasized the importance of this measure and agreed with the suggestion to gather performance data for benchmarking purposes.
- A member asked for clarification on why the group was considering replacing *Follow-Up After Emergency Department Visit for Mental Illness (7-Day)* with this measure.
 - Grace responded that staff heard feedback that practices were not getting timely emergency department data to make improvement on *Follow-Up After Emergency Department Visit for Mental Illness (7-Day)* actionable, and that measure had small denominator sizes.
- A member pointed out that both measures did not have to be in competition, and recommended retaining both.
- A member preferred to include *Follow-up After Hospitalization for Mental Illness (7-Day)* over *Follow Up After Emergency Department Visit for Mental Illness (7-Day)* in the Menu Set given the large size of the Menu Set.
- A member responded that hospitalized patients represented the severe referrals to the emergency department, so this measure focused on the more severe population.
- Recommendation: Retain *Follow-Up After Hospitalization for Mental Illness (7-Day)* in the Menu Set with the intention to potentially elevate to the Core Set after benchmark data are available using the new specifications.

Substance Use Assessment in Primary Care (Menu)

- A member recommended against retaining this measure since no one was using it.
 - Michael Bailit observed that non-HEDIS measures were typically not adopted by payers even when the content of the measure was of interest to the provider community. Michael Bailit reminded the group that it adopted this measure to bring more attention to substance use.
- A member pointed out that the United States Preventive Services Task Force labeled this assessment as a Grade B recommendation and specified that screening should only be implemented when substance use disorder treatment services could be provided. Therefore, he did not recommend including this measure in the Menu Set.
- Recommendation: Remove *Substance Use Assessment in Primary Care* from the Menu Set.

Screening for Depression and Follow-up Plan (Menu)

- Four members recommended retaining this measure in the Menu Set.
- Recommendation: Retain *Screening for Depression and Follow-up Plan* in the Menu Set.

Use of Opioids at High Dosage (Menu)

- Grace shared a Quality Council member's suggestion that the measure be removed.
- A member agreed with critical feedback on this measure and worried that this measure might have inadvertently contributed to polypharmacy.
- A member recommended removing this measure from the Menu Set given that it did not account for use of non-prescription opioids.
- A member said that he was the Quality Council member who recommended removing this measure. The member explained that his rationale was rooted in his academic research and the 2022 CDC practice guidelines. He said mandatory dose reductions for patients who are otherwise doing well has been associated with an increased rate of suicide and poor outcomes. He said medication dosage should be personalized and linking medication dosage to quality was a potentially perverse incentive.
- Recommendation: Remove *Use of Opioids at High Dosage* from the Menu Set.

Use of Pharmacotherapy for Opioid Use Disorder (Menu)

- A member expressed a desire to include a co-prescription of naloxone measure, which was not available. While he thought pharmacotherapy was important, he said primary care practices are not trained and authorized to administer pharmacotherapy directly to their patients or prepared to connect patients to community-based behavioral health providers, so he could not recommend retaining this measure in the Menu Set.
 - Grace mentioned that the staff conducted a scan of naloxone measures and could not find a co-prescription measure.

- Another member agreed with the prior member's comments and recommended removing this measure.
- Recommendation: Remove *Use of Pharmacotherapy for Opioid Use Disorder* from the Menu Set.

Grace asked the Quality Council if it recommended retention or removal of *Follow-Up After ED Visit for Mental Illness (7-Day)*.

- A member recommended retaining this measure in the Menu Set since a higher number of people with mental illness end up in the emergency department than are admitted for hospitalization.
 - Two members recommended retaining this measure.
 - Grace reminded the group that the measure specification changes would impact performance.
- A member asked about accountability for this measure. He also asked if the group felt that there were sufficient mental health resources in an outpatient setting to meet the seven-day metric in Connecticut.
 - Michael Bailit suggested that accountability appropriate even if it is shared.
 - Another member said that more awareness of this topic was better.
 - Another member remarked that while there was a lot of work done around availability of providers, she was not sure that the expansion of outpatient services has met increased demand. She recommended moving this measure to the Menu Set and elevating it back to the Core Set later.
- Two members supported retaining *Follow-Up After ED Visit for Mental Illness (7-Day)*, *Follow-Up After Hospitalization for Mental Illness (7-Day)*, and *Screening for Depression and Follow-Up Plan* in the Menu Set for 2025, with the intention to move *Follow-Up After ED Visit for Mental Illness* to the Core Set in the future.
 - A member preferred including *Follow-Up After Hospitalization for Mental Illness (7-Day)* in the Menu Set instead of *Follow-Up After ED Visit for Mental Illness (7-Day)* given the severity of mental illness for inpatient patients.
 - Grace reminded the member that *Follow-Up After Hospitalization for Mental Illness (7-Day)* had denominator size issues.
 - A member pointed out that the hospitalization and emergency department populations were potentially not that different due to availability of hospital beds. Two other members agreed.
- Recommendation: Retain *Follow-Up After ED Visit for Mental Illness (7-Day)*, *Follow-up After Hospitalization for Mental Illness (7-Day)*, and *Screening for Depression and Follow-up Plan* in the Menu Set for 2025, with the intention to move *Follow-Up After ED Visits for Mental Illness* to the Core Set in the future after benchmark data are available using the updated specifications.

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| | <i>Grace asked the Quality Council if it recommended elevating any of the other behavioral health measures to the Core Set?</i> | | |
| | <ul style="list-style-type: none"> The group did not recommend elevating any of the behavioral health measures to the Core Set. | | |
| 5. | Public Comment | Andy Selinger | 4:45pm |
| | Alex Reger invited welcomed public comment. There was none. | | |
| 6. | Council Action: Meeting Adjournment | Andy Selinger | 4:50pm |
| | Steve Wolfson made a motion to adjourn the meeting. No member seconded the motion. There were no objections. The meeting adjourned at 4:55pm. | | |

Upcoming Meeting Date:

June 20, 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))