

Quality Council

Meeting Date	Meeting Time	Location
October 17, 2024	3:00 pm – 5:00 pm	Zoom Meeting

Participant Name and Attendance Council Members					
Rohit Bhalla	R	Lisa Freeman	R	Joe Quaranta	R
Ellen Carter	R	Amy Gagliardi	R	Andy Selinger	R
Elizabeth Courtney	R	Michael Jefferson	R	Marlene St. Juste	X
Monique Crawford/Stephanie De Abreu	X	David Krol	R	Dan Tobin	R
Sandra Czunas	R	Larry Magras	R	Alison Vail	R
Petrina Davis	R	Phil Roland/Doug Nichols	R	Setu Vora	X
				Steve Wolfson	R
Supporting Leadership & Other Participants					
Alex Reger, OHS	R	Matt Reynolds, Bailit Health	R	Michael Bailit, Bailit Health	R
R = Attended Remotely; IP = In Person; X = Did Not Attend					

Agenda			
	Topic	Responsible Party	Time
1.	Call to Order and Roll Call	Alex Reger	3:00 pm
	Alex Reger called the meeting to order at 12:01 pm. Alex asked Matt Reynolds to conduct roll call. There was a quorum present.		
2.	Council Action: Approval of Minutes	Council Members	3:05 pm
	Steve Wolfson motioned to approve the September meeting minutes. Michael Jefferson seconded the motion. There was no opposition nor any abstentions. The minutes were approved.		
3.	Quality Council Bylaws	Alex Reger	3:10 pm
	<p>Alex Reger asked members if they had any questions or comments on the proposed bylaw revisions.</p> <ul style="list-style-type: none"> A member asked why OHS was moving responsibility from the Council/Chair(s) to OHS for dismissing and replacing members. Alex Reger replied that OHS was trying to ensure an engaged member body. Another member suggested developing a minimum threshold for attendance. A different member of the Council replied that the bylaws already allow for four missed meetings in a year; the member recommended adding language that the Quality Council is consulted in when OHS wishes to dismiss a member. Steve Wolfson motioned to approve the revised bylaws with the proposed amendment about consulting the Quality Council before discharging a member for cause. Ellen Carter seconded the motion. There was no opposition, nor any abstentions. The revised bylaws were approved. 		
4.	Quality Council Chair(s)	Alex Reger	3:20 pm
	Alex Reger shared that OHS wished to appoint Ellen Carter and Joe Quaranta as the new co-chairs of the Quality Council. Members expressed unanimous support for OHS' appointments.		
5.	Begin Annual Review of the Aligned Measure Set	Michael Bailit and Matt Reynolds	3:25 pm
	Michael Bailit reviewed the origins and organization of the Aligned Measure Set and then reviewed the 2025 Measure Set. Michael then reviewed the Quality Council's measure selection criteria, including the criteria that apply to individual measures, the criteria that apply to Core Measures, and the criteria to apply to the Measure Set as a whole.		

- A member asked for clarification on whether the Core Set is limited to one measure from each category. Michael replied that he believes the Council's intent was for the Core Set to ideally include *at least* one measure from each broad category.

Michael shared the measure considerations that the Council would review for each measure, noting that the insurer counts presented during today's meeting were out of a total of five payers, as OHS was still waiting for data from ConnectiCare. Michael also noted that DSS' measure use for this meeting was based on the 2024 PCMH+ Set, as the 2025 Set has not yet been finalized.

Child and Adolescent Well-Care Visits

Three members recommended retaining the measure in the Core Set. No members disagreed.

Recommendation: Retain the measure in the Core Set for 2026.

Controlling High Blood Pressure

A member wondered whether OHS should survey insurers in the future about the use of measures in Medicare Advantage contracts. The member also noted that this measure would become an eQIM in the future. No members recommended changing the measure's status for 2026.

Recommendation: Retain the measure in the Core Set for 2026.

Follow-Up After Emergency Department Visit for Mental Illness, 7-Day

Michael Bailit reviewed changes to the measure specifications for MY 2025. Michael reminded members that they previously recommended moving the measure to the Menu Set for 2025, but OHS ultimately decided to keep the measure in the Core Set for 2025 because the measure would remain a Quality Benchmark measure for at least 2025. Michael asked if the Council wished to restate its previous recommendation.

- A member expressed interest in the Council to continuing to encourage follow-up after an ED visit, especially for mental illness.
- Another said they believed that low denominator sizes were the driving force behind the lack of the measure's use in contracts (the member estimated that about ~1 out of every 1,000 patients met the denominator criteria).
 - Michael noted that the measure specification changes should increase denominator sizes.
 - Two members recommended removing the measure from the Core Set and the Aligned Measure Set altogether and, ideally, replacing it with a different behavioral health measure, although the members noted they would be comfortable with the measure being in the Menu Set.
- Heidi Wilson from Connie shared that participating providers receive encounter notification service, which includes notifications about emergency department visits.
 - In response to a question from a member, Heidi clarified that Connie's default encounter notification service does not send providers an alert, but rather providers can search for which of their patients had a recent ED visit. Heidi added that Connie can provide alerts, but this requires an additional fee.
 - A member noted that smaller Advanced Networks may not have the staff necessary to conduct regular reviews of the information that Connie provides.
 - Another member asked Heidi if diagnoses are included in the information Connie provides because Medicaid has a policy about not providing claims information about behavioral health-related ED visits. Heidi replied that Connie's notifications are payer-agnostic; each hospital decides what data are appropriate to share without patient consent.
- A member noted that Advanced Networks were challenged to improve performance on this measure because patients were not showing up for appointments.
- Two members recommended moving the measure to the Menu Set but agreed with the idea of seeking a different behavioral health measure to add to the Core Set.

Recommendation: Move the measure from the Core Set to the Menu Set for 2026 and potentially add a different behavioral health measure to the 2026 Core Set.

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

Two members recommended keeping the measure in the Core Set. One of the members added that it is a meaningful measure that has implications for outcomes and room for improvement. No members recommended otherwise.

Recommendation: Retain in the Core Set for 2026.

Plan All-Cause Readmissions

Michael Bailit noted that Massachusetts and Rhode Island do not include this measure in their measure sets as they believe there are already sufficient incentives to reduce readmissions, making the measure unnecessary. A Council member shared that some provider organizations have much higher rates of planned readmissions, affecting overall performance. Two members recommended retaining the measure in the Core Set. No members recommended otherwise.

Recommendation: Retain in the Core Set for 2026.

Prenatal and Postpartum Care

A member recommended keeping the measure in the Core Set due to inequities in prenatal care and related inequities in maternal mortality. No members recommended otherwise.

Recommendation: Retain in the Core Set for 2026.

Race, Ethnicity, and Language Data Completeness

Michael Bailit noted that the measure currently required collection of race and ethnicity data according to the original OMB standards, and English proficiency data for language. Michael noted that the Quality Council's Health Equity Subgroup recommended modifying the measure to reflect [OHS's new standards](#) for race/ethnicity and language.

- Six members supported accepting the proposed modifications and keeping the measure in the Core Set.
- Another member supported the idea behind the measure but wondered if the measure should remain in the Core Set given that no payers were using it and given how different it is from the other, more traditional quality measures in the Aligned Measure Set. Michael said he felt it was understandable that no payers were using the measure yet given it was just added a few months ago. Michael acknowledged the member's concerns about the challenges in achieving measure adoption. He said that concerted effort would be required if this were to occur, including across CT state agencies. He cited Massachusetts' experience.

Recommendation: Modify the measure to require collection according to OHS' latest [data standards](#) and retain the measure in the Core Set for 2026.

Asthma Medication Ratio

- A member said they continued to think this is a flawed measure, because there is now one medicine frequently used for both rescue and maintenance. Therefore, the measure is outdated and should be removed.
 - Another member said that their clinical colleagues agreed and recommended moving away from this measure.
- A member said they had heard that NCQA planned to retire the measure, but did not know the source of that information.
- Two members asked for presentation of alternative asthma measures to the Council.
- Another member said that if the measure does not serve a clinical purpose, they did not think it should be used.

Recommendation: Remove the measure from the Menu Set for 2026 and research alternative asthma measures for potential addition.

6.	<u>Public Comment</u>	Members of the Public	4:50 pm
	Alex Reger offered the opportunity for public comment. There were no public comments.		
7.	<u>Council Action: Meeting Adjournment</u>	Alex Reger	4:53 pm
	Alex noted that the next meeting was scheduled for Thursday, November 21 st from 3-5 pm. Alex also shared that OHS planned for the December meeting to be held in person in Hartford. Steve Wolfson motioned to adjourn. David Krol seconded the motion. The meeting adjourned at 4:53 pm.		

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