

Quality Council

Meeting Date	Meeting Time	Location
December 19, 2024	3:00 pm – 5:00 pm	Zoom Meeting

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

Agenda			
	Topic	Responsible Party	Time
1.	Call to Order and Roll Call	Ellen Carter	3:00 pm
	Deidre Gifford thanked the Quality Council for its commitment to the Quality Benchmark and Aligned Measure Set initiatives. Ellen Carter then asked Matt Reynolds to perform a roll call. There was a quorum present.		
2.	Council Action: Approval of Minutes	Council Members	3:05 pm
	Steve Wolfson motioned to approve the minutes. Michael Jefferson seconded the motion. There was no opposition, nor any abstentions. The minutes were approved.		
3.	Continue Annual Review of the Aligned Measure Set	Michael Bailit and Matt Reynolds	3:10 pm
	<p>Michael Bailit reviewed the Council’s recommendations from the October and November meetings. Michael also shared that Quality Council staff had learned since the last meeting that Connecticut law does not authorize payers to directly access CT WiZ.</p> <ul style="list-style-type: none"> A provider representative said they learned that CT WiZ can generate reports that can be sent to payers, but the reports only include immunizations given by a particular provider organization. Michael suggested that it may be helpful to have staff from the Connecticut and Rhode Island Departments of Public Health meet to discuss Rhode Island’s approach to insurer use of the state’s immunization database. <p>Matt Reynolds reported that since the last meeting, DSS and ConnectiCare had provided OHS with their 2025 contractual quality measures. Matt said this information would be incorporated into the Council’s review of the remaining Menu measures when considering the number of payers (out of six) using each measure.</p> <p><u>PCMH CAHPS</u></p> <ul style="list-style-type: none"> Matt Reynolds reviewed a member proposal from the prior meeting to include “patient experience survey” as a measure in the Menu Set, without specifying the survey. Matt asked for member reactions to the proposal. A member asked if there could be a list of preferred surveys. 		

- Michael Bailit asked whether payers and Advanced Networks use other surveys.
- A member noted that DSS uses the *Patient-Centered Primary Care Measure*.
- A payer representative noted that their organization does not use patient experience survey data in commercial contracts but does so in Medicare Advantage contracts.
- A provider representative noted that the proposal would be inconsistent with the Council's objective to standardize measure use and would also prevent comparisons of performance.
- Another provider representative said it would be a great burden to have different surveys used by different payers. They recalled that Cigna uses one CAHPS survey question only.
- Michael Bailit wondered if this measure should be retained since it has such little use (one payer).
 - A patient advocate expressed dismay that the measure is so little used but felt there was no use in retaining it given the current limited use.
- Matt Reynolds explained that the Massachusetts insurers pay a common vendor to administer a single survey. Michael Bailit added that the Massachusetts arrangement is not typical across states. Michael also stated that Rhode Island does not include a patient experience survey measure.
 - A member asked whether OHS could create a similar arrangement to Massachusetts in Connecticut.
 - Deidre Gifford responded, explaining that OHS does not have regulatory authority to compel insurers to do what is done in Massachusetts, nor funding to administer such a survey on its own.
- Matt Reynolds asked if there was comfort with removing the measure. Four members supported removal. A provider representative opposed anything other than a single survey.
- A member asked that the question about whether to have a patient experience survey in the measure set be revisited in the future.
- **Recommendation:** Remove the measure from the Menu Set for 2026.

Screening for Depression and Follow-Up Plan

- Michael Bailit observed that this measure has a large denominator, which is not the case for most other mental health-focused measures.
- A provider representative expressed a preference for the CMS measure because the NCQA measure requires LOINC codes, which is challenging given their network uses 11 different EHR vendors.
 - Another provider representative agreed with only permitting use of the CMS measure.
- Michael Bailit noted that insurers typically advocate for NCQA measures.
 - Two members said they supported the NCQA measure because of the requirement for follow-up to occur.
 - A payer representative noted that their organization is using the NCQA version of the measure for this reason.
 - Another member agreed with using the NCQA measure, adding that many CT provider organizations are working hard to operationalize the NCQA measure.
 - Two more members voiced support for using the NCQA version of the measure.
- A provider representative expressed support for including both measures.
- **Recommendation:** Replace *Screening for Depression and Follow-Up Plan* (the CMS measure) in the 2026 Menu Set with *Depression Screening and Follow-Up in Adolescents and Adults* (the NCQA measure).

Social Determinants of Health Screening

- A member supported a move to a national measure, adding that it sounded like the NCQA measure provided more information.
- Four members said they liked that the NCQA measure assesses receipt of an intervention following a positive screen.
- **Recommendation:** Replace *Social Determinants of Health Screening* (the OHS homegrown measure) in the 2026 Menu Set with *Social Needs Screening and Intervention* (the NCQA measure).

Statin Therapy for Patients with Diabetes

- Two members advocated for retention of the measure and potentially elevating the measure to the Core Set.

- A payer representative said that their organization has moved away from the diabetes-specific version of the measure and towards a statin measure with a broader focus. One of the representative’s colleagues noted that the payer was assessing statin adherence across all conditions.
- Michael Bailit said that the Quality Council had considered the cardiovascular version of the measure, but he could not recall why it was not included. He suggested bringing prior Council discussion of both measures to the January meeting, as well as information on the measure of statin adherence across all conditions.
- **Recommendation:** Revisit the measure during the January meeting.

Transitions of Care

- A patient advocate expressed that it was unfortunate that no payer had adopted the measure given its critical nature for patient safety.
- A provider representative observed that this measure seemed more focused on hospital performance than on community-based provider performance. Matt Reynolds clarified that most of the activities required for the measure are expected to occur after discharge.
- A member wondered if there were any new transition-of-care measures that the Quality Council should consider.
 - Two members agreed about the importance of transitions of care. Another member urged the Quality Council not to drop the issue.
 - Michael Bailit committed to researching alternative measures for the next meeting.
- **Recommendation:** Revisit the measure during the January meeting.

Well-Child Visits in the First 30 Months of Life

- Michael Bailit asked if members wanted to remove the measure and add it to the list of measures permitted for use by DSS given the high commercial performance, both in aggregate and relative to benchmarks.
 - A DSS representative noted that DSS would continue using the measure regardless.
 - A patient advocate recommended keeping the measure in the Menu Set to keep a focus on increasing Medicaid performance. Three additional members recommended keeping the measure as well, especially given the lack of pediatric measures in the Aligned Measure Set.
- **Recommendation:** Retain in the Menu Set for 2026.

Michael Bailit asked members for reactions to the feedback that the Office of the State Comptroller (OSC) provided during the previous Quality Council meeting for two of the Core measures: *Glycemic Status Assessment for Patients with Diabetes* and *Prenatal and Postpartum Care*.

- Michael Bailit noted that the Aligned Measure Set was not designed to be specific to primary care practices but rather practices large enough to enter into total cost of care contracts. Michael acknowledged that *Prenatal and Postpartum Care* may not, however, be appropriate for all practices.
- A payer representative noted that other states have mandated certain coding elements for deliveries, which would help address the concern OSC raised relative to global billing arrangements.
 - Michael Bailit noted that DSS could make such a mandate, but OHS could not.
 - A DSS representative replied that DSS was not prepared to do so at this time.

4. Public Comment	Members of the Public	4:50 pm
Ellen Carter offered the opportunity for public comment. There were no public comments.		
5. Council Action: Meeting Adjournment	Ellen Carter	4:54 pm
Ellen Carter shared that the next meeting was scheduled for Thursday, January 16 th from 3-5 pm. Michael Bailit noted that during the January meeting, the Council would complete the annual review, discuss goals for 2025, and begin the process of setting Quality Benchmarks for 2026-2030. Michael asked members to consider what goals they would suggest that the Council set for 2025.		
Ellen Carter noted that the Quality Council would again attempt to hold its first in-person meeting in the first quarter of 2025, and asked members to email Alex Reger if they have a preference for which month would work best.		

Ellen wished everyone happy holidays and asked for a motion to adjourn. David Krol motioned to adjourn. Sandra Czunas seconded the motion. The meeting adjourned at 4:54 pm.

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