

Quality Council

Meeting Date	Meeting Time	Location
March 21, 2024	3:00 pm – 5:00 pm	Zoom Meeting Recording: https://us02web.zoom.us/rec/share/panm3cHjDEy-3CcCOzP7e9ZES2GkZIKqaMOWLzJ4byufy7Mk1BvtMMmv2ka9uvhG.rWBLbZcT3resvt4f Passcode: J91vj.5F

Participant Name and Attendance | Council Members

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

Supporting Leadership & Other Participants

Hanna Nagy, OHS	R	Michael Bailit, Bailit Health	R	Grace Flaherty, Bailit Health	R
Aby Cotto, OHS	X	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 3:03 pm. Michael Bailit took roll call. Hanna Nagy reported that a quorum was not present.		
2.	Council Action: Approval of Minutes	Council Members	3:05pm
	The Quality Council deferred voting on the February 22 nd meeting minutes because a quorum was not present.		
3.	Continue 2024 Aligned Measure Set Annual Review	Grace Flaherty	3:10pm
	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 adopted 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 possible changes to the Aligned Measure Set. Grace reminded the Quality		

Council about the recommendations the Quality Council made during the February 22nd meeting.

Health Equity Measure (Core)

Grace reminded the Quality Council of the following information:

- the Quality Council added this measure to the 2022 Aligned Measure Set because health equity was of great importance to the Council;
- the Quality Council prioritized stratification of measures in the Aligned Measure Set that had evidence of disparities in performance by race, ethnicity and language (REL) in Connecticut *and* that were required to be stratified for health plan reporting to the National Committee for Quality Assurance (NCQA);
- the Quality Council previously articulated its intent to begin with a focus on REL stratification using the *Health Equity Measure* and then eventually move towards rewarding performance for closing gaps in performance by REL.
- during the February Quality Council Meeting, the Quality Council did not come to consensus on a recommendation for the *Health Equity Measure*; the Quality Council noted that this Core Measure was only in use by one payer and when asked, payers did not share a timeline for implementing this measure, and
- the Quality Council expressed interest in February in discussing whether to replace the *Health Equity Measure* with a more achievable measure (e.g., an REL data completeness measure).

Grace then shared a summary of Rhode Island and Massachusetts' REL data completeness measures and asked whether the Quality Council recommended that OHS retain or drop the *Health Equity Measure* in the 2025 Aligned Measure Set and add an *REL Data Completeness Measure* to the 2025 Aligned Measure Set.

- Michael Bailit reminded the group that the measures were not mutually exclusive, and so the group could recommend the retention of both measures.
- One member asked how the data for the *REL Data Completeness Measure* was reported and whether the data were duplicative with what was being reported to Connie (Connecticut's Health Information Exchange).
 - Michael Bailit clarified that *REL Data Completeness Measure* measures whether the Advanced Network has member REL data, which they could access from Connie, health plans, directly from patients or any other available data source.
 - The member reiterated the need for complete REL data to stratify measures by racial/ethnic groups.
 - Michael Bailit suggested that to meaningfully draw conclusions from data stratifications, Advanced Networks needed REL data for at least 90% of their members.
- One member expressed support for adding the *REL Data Completeness Measure*.
- One member expressed concerns about the challenges of REL data extraction for Advanced Networks that used multiple electronic health record (EHR) platforms. As

an example, he shared that in his Advanced Network, he would have to pull data from 200+ practices. He was also interested in how accurate the data would be, given that they were self-reported and responses depended on whether the provided options reflected patients' preferences for self-identification. However, the member expressed support for adding the *REL Data Completeness Measure*.

- Another member agreed with this member's concern about pulling data from multiple EHRs, but also expressed support for adding the *REL Data Completeness Measure*.
- Michael Bailit remarked that patients were more likely to provide REL information when asked by providers rather than health plans.
- Grace asked the group whether they recommended adding the *REL Data Completeness Measure* to the Core or Menu Set.
 - One member responded that he would add *REL Data Completeness Measure* to the Menu Set for 2025 and consider it for the Core Set in 2026. He said this plan would signal to providers that it was time to focus efforts on collecting this data, while giving them time to implement the infrastructure for data collection.
 - One member expressed support for the suggested plan. She also asked if within the measure, they could specify that the data had to be patient-reported or collected at point of service where people are more likely to respond.
 - Grace responded that the measure specifications already indicate that data should be self-reported.
- Michael Bailit proposed adding the *REL Data Completeness Measure* to the Menu Set to be moved to the Core Set in 2026 and retaining the *Health Equity Measure* as a Menu Measure.
 - Three members agreed with this plan.
- Recommendation: The Quality Council recommended retaining the *Health Equity Measure* as a Menu Measure and adding *REL Data Completeness* as a Menu Measure for 2025 to be considered as a Core Measure in 2026.

Social Determinants of Health Screening (Core)

- Grace described proposed changes to the *Social Determinants of Health Screening* measure, which included the addition of a list of approved screeners and an exclusion for patients who declined screening.
 - One member indicated he supported adding suggested screeners, but he did not want to require a specific type of screener. Another member agreed.
 - One member agreed with adding the exclusion for patients who declined screening.
- Grace asked the group if it wanted to keep this measure in the Core Set or move it to the Menu Set.
 - One member indicated that she wanted to keep this measure in the Core Set.

- One member said that making quality measure changes across multiple contracts was difficult because of the timing of the contract cycles, but said that payers had interest in this measure.
- One member echoed the previous comments and added that it was challenging to commit to any one value-based measure at any given time because of how many there were and the burden it placed on providers.
- One member asked how the data for this measure were collected.
 - Grace responded that this measure looked at the percentage of patients screened in five domains.
 - One member pointed out that while codes existed to document a positive screen for particular domains (such as food insecurity), no code existed that documented that a screening was performed regardless of the result, which was necessary for the measure denominator. He pointed out that this measure required the creation of an EHR-based process to document screening. He asked how other states were collecting this data.
 - Michael Bailit responded that some states performed a sample and audit. He added that Rhode Island was trying to collect this measure data electronically by getting their Advanced Networks to develop a field in their EHR to indicate that a screening was conducted.
- Grace asked the group whether it wanted to change this measure's status.
 - One member was not sure. Two members were unsure of how difficult it would be to implement a new code for this measure denominator.
- Grace recommended moving this measure to the Menu Set for 2025 while Quality Council staff investigated how to make this measure more attainable before next year's annual review.
 - One member agreed with this proposal.
- Recommendation: The Quality Council recommended moving *Social Determinants of Health Screening* from the Core to the Menu in the 2025 Aligned Measure Set.
- Action Item: The Quality Council will investigate structural problems in collecting data for the *Social Determinants of Health Screening* before the 2026 Annual Review and identify potential solutions.
- Action Item: The Quality Council will add screener options and an exclusion for patients who decline screening to the *Social Determinants of Health Screening Measure*.

Asthma Medication Ratio (Menu)

- Grace reminded the Quality Council that during the February meeting members discussed that this measure had a low denominator and a belief that national clinical guideline changes rendered this measure no longer valid. In addition, it was noted that many patients requested more than one nebulizer for various reasons, which skewed the measure data.

- One member recommended removing this measure because it was not as clinically relevant due to guideline changes and the growing use of SMART therapy (a combination of inhaler and controller medications).
 - Michael Bailit reported that a parallel Massachusetts taskforce also discussed SMART therapy and felt that the measure's specifications accommodated SMART therapy. The member disagreed.
- One member asked the group if it considered modifying this measure to align with current medication practices and expressed concern about the racial disparities for this measure.
 - Grace reminded the members that they could suggest modifications to NCQA in a comment letter.
- One member recommended removing this measure because she thought that the disparities associated with this measure were due to environmental and social factors rather than inequitable prescription of inhalers.
 - Two members agreed.
- Recommendation: The Quality Council recommended Removing *Asthma Medication Ratio* from the 2025 Aligned Measure Set.

Breast Cancer Screening (Menu)

- Grace informed the Council that NCQA was considering the addition of a new age band (40-49) for this measure and also adding a new breast cancer measure to the HEDIS measure set in 2025.
- One member recommended retaining this measure set given the increased prevalence of breast cancer cases in younger adults.
- One member asked for clarification regarding whether the age bands would be calculated together or separately. Grace said that either age band or the total age range could be used in contracts. The member responded with a recommendation to keep the 40-49 age band separate until benchmark data were available because if all the age bands were calculated together, this calculation would negatively affect performance.
 - Grace suggested that OHS could update its Aligned Measure Set Implementation Guidance to specify that the expanded age range should not be used in contracts with benchmarks that were calculated based on the old age range.
- One member agreed with retaining the measure and keeping the 40-49 age band separate.
- Recommendation: The Quality Council recommended retaining *Breast Cancer Screening* as a Menu Measure in the 2025 Aligned Measure Set.
- Action Item: OHS will update its Aligned Measure Set Implementation Guidance to specify that the expanded age range for *Breast Cancer Screening* should not be used in contracts with benchmarks that were calculated based on the old age range.

Cervical Cancer Screening (Menu)

- Grace shared that this measure was transitioning to electronic reporting-only status for measurement year 2025. Grace clarified that this meant that this measure would no longer be reported using claims data supplemented by clinical data using a sample method but would require robust electronic data systems.
- One member recommended retaining this measure.
- One member warned members that they would likely see a drop in performance for this measure at first while transitioning to electronic reporting. However, he still recommended retaining this measure.
- Recommendation: The Quality Council recommended retaining *Cervical Cancer Screening* as a Menu Measure in the 2025 Aligned Measure Set.

Chlamydia Screening (Menu)

- Grace shared that this measure identified patients who were prescribed oral contraceptive medications as sexually active, which was sometimes inaccurate.
- Three members expressed support for retaining this measure.
- Recommendation: The Quality Council recommended retaining *Chlamydia Screening* as a Menu Measure in the 2025 Aligned Measure Set.

Colorectal Cancer Screening (Menu)

- One member asked whether this measure included multiple methods for colorectal cancer screening. Grace replied that it did.
- Three members recommended retaining the measure.
- Recommendation: The Quality Council recommended retaining *Colorectal Cancer Screening* as a Menu Measure in the 2025 Aligned Measure Set.

Concurrent Use of Opioids and Benzodiazepines (Menu)

- One member expressed support for removing this measure due to limited opportunity for improvement. One member agreed.
- One member suggested replacing the measure with a Narcan prescription measure to retain a focus on opioids in the Aligned Measure Set.
 - Grace said that Quality Council staff had conducted a scan for Narcan prescription measures during a prior annual review, but offered to conduct another scan of any new Narcan-related measures that may have been developed since the last scan on this topic.
- Recommendation: The Quality Council recommended removing *Concurrent Use of Opioids and Benzodiazepines* from the 2025 Aligned Measure Set.
- Action Item: Quality Council staff will conduct a new scan for Narcan-related measures.

Developmental Screening in the First Three Years of Life (Menu)

- One member suggested removing this measure due to high performance. Michael responded that Connecticut was the “best in a class of bad students” given that the

performance rate was compared to Medicaid programs across the country which did not perform well on this measure.

- One member questioned whether this measure encouraged providers to conduct more screenings or if providers were doing the relevant screening but not documenting it.
- Grace shared provider feedback that this measure administratively burdened providers because it required them to share clinical data to calculate performance.
 - One member said he thought that this measure was reportable through the EHR.
 - One member remarked that depending on how the EHR was set up, this was easy to pull or, if the data was more embodied in the narrative, difficult to pull. She also asked whether this measure prescribed a screener. Grace was not sure. The member expressed that she did not want to remove this measure.
- Grace reminded the group that it had expressed an interest in retaining pediatric measures in the Aligned Measure Set, but said that she saw a case for removing it if the screenings were reliably being performed.
- One member cited two reasons for wanting to retain this measure: the literature pointed to better health outcomes due to catching delays in development in the first three years of life, and that in their system, these data were easy to pull.
- Michael Bailit said a key question was whether Connecticut's performance rate reflected actual performance or documentation.
 - One member responded that she thought a well-child visit was a baseline standard of care for pediatricians in Connecticut.
- Michael Bailit suggested that Quality Council staff answer whether this measure prescribed a screener and whether Connecticut's performance was as high as the performance rate appeared to be, or if the performance was skewed due to issues of documentation or access to services.
- Action Item: During the 2024 Annual Review, the Quality Council will investigate whether this measure prescribes a screener (Bailit Health confirmed after the meeting that the measure provides example tools that meet the measure criteria) and whether the performance rate truly reflected high performance, or issues of documentation or access to services.

Eye Exam for Patients with Diabetes (Menu)

- Grace shared that NCQA had a revised method for identifying diabetes for all HEDIS diabetes-related measures in measurement year 2024.
- One member expressed no concerns about the new method for identifying diabetes; however, he recommended retaining one diabetes-related measure in the Aligned Measure Set and wanted to review other potential additions before confirming his recommendation to retain this measure.
 - Grace shared that the Council would review an NCQA statin measure at a future meeting.

	<ul style="list-style-type: none"> ○ One member also reminded the group that <i>Kidney Health Evaluation for Patients with Diabetes</i> was in the Aligned Measure Set. He expressed support for the proposed plan. ● <u>Action Item:</u> The Quality Council will revisit <i>Eye Exam for Patients with Diabetes</i> when it reviews the diabetes-related measures proposed for addition to the 2025 Aligned Measure Set. <p>Follow-Up Care for Children Prescribed ADHD Medication (Menu)</p> <ul style="list-style-type: none"> ● One member remarked that she was unsure why commercial payers were not using this measure given its importance. ● The group did not have other comments. ● <u>Recommendation:</u> The Quality Council recommended retaining <i>Follow-Up Care for Children Prescribed ADHD Medication</i> as a Menu Measure in the 2025 Aligned Measure Set. 		
4.	Invitation to March Steering Committee Meeting	Hanna Nagy	3:15pm
	Hanna Nagy shared that on March 25 th OHS would be presenting the 2022 Quality Benchmark Results to the Health Care Cost Trends Steering Committee. Hanna said the Steering Committee meeting would be held in-person only and that the Quality Council members were invited to attend. Grace noted that OHS would also be presenting the 2022 Quality Benchmark results to the Quality Council for discussion during the April Quality Council meeting.		
5.	Public Comment	Hanna Nagy	4:45pm
	Hanna Nagy invited welcomed public comment. There was none.		
6.	Council Action: Meeting Adjournment	Hanna Nagy	4:50pm
	Dan Tobin made a motion to adjourn the meeting. Amy Gagliardi seconded the motion. There were no objections. The meeting adjourned at 4:54pm.		

Upcoming Meeting Date:

April 18, 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))