



Quality Council
March 21, 2024

Agenda

<u>Time</u>	<u>Topic</u>
3:00 p.m.	Call to Order and Roll Call
3:05 p.m.	Approval of February 22, 2024 Meeting Minutes – Vote
3:10 p.m.	Continue 2024 Aligned Measure Set Annual Review
4:45 p.m.	Invitation to March Steering Committee Meeting
4:50 p.m.	Public Comment
4:55 p.m.	Meeting Wrap-Up and Next Steps
5:00 p.m.	Adjournment

Call to Order and Roll Call

Approval of February 22, 2024 Meeting Minutes - Vote

Continue 2024 Aligned Measure Set Annual Review

Overview of the Connecticut Aligned Measure Set

The Connecticut Aligned Measure Set (1 of 2)

- The Aligned Measure Set is a group of measures from which OHS requests insurers select measures for use in value-based contracts.
- The Aligned Measure Set was first established in 2016 (as the “Core Measure Set”) as part of the State Innovation Model (SIM) Program.
- The overarching aim of the Aligned Measure Set is to promote alignment of quality measures in use by commercial insurers and Medicaid to assess and reward the quality of services delivered under value-based payment arrangements with Advanced Networks.*

*Advanced Networks are provider organizations or contractually affiliated provider organizations that either (a) hold a value-based contract with a payer or (b) are able to hold a value-based contract by virtue of having a sufficient number of primary care providers.

The Connecticut Aligned Measure Set (2 of 2)

- The Aligned Measure Set contains Core Measures and Menu Measures. Measures used in value-based contracts should be limited to Core and Menu measures.

Connecticut Aligned Measure Set



Core Measures

- *Measures that OHS asks insurers to use in all value-based contracts with Advanced Networks*



Menu Measures

- *Measures that are optional for use in value-based contracts*

2024 Aligned Measure Set

- 1. Child and Adolescent Well-Care Visits**
- 2. Controlling High Blood Pressure**
- 3. Follow-Up After Emergency Department Visit for Mental Illness (7-Day)**
- 4. Glycemic Status Assessment for Patients with Diabetes (>9.0%)**
- 5. Health Equity Measure**
- 6. Plan All-Cause Readmission**
- 7. Prenatal and Postpartum Care**
- 8. Social Determinants of Health Screening**
9. Asthma Medication Ratio
10. Behavioral Health Screening*
11. Breast Cancer Screening
12. Cervical Cancer Screening
13. Chlamydia Screening in Women
14. Colorectal Cancer Screening
15. Concurrent Use of Opioid and Benzodiazepines
16. Developmental Screening in the First Three Years of Life
17. Eye Exam for Patients with Diabetes
18. Follow-Up After Hospitalization for Mental Illness (7-Day)
19. Immunizations for Adolescents (Combo 2)
20. Kidney Health Evaluation for Patients with Diabetes
21. Maternity Care: Postpartum Follow-up and Care Coordination
22. Metabolic Monitoring for Children and Adolescents on Antipsychotics*
23. PCMH CAHPS Survey
24. Screening for Depression and Follow-Up Plan
25. Substance Use Assessment in Primary Care
26. Transitions of Care
27. Use of Opioids at High Dosage
28. Use of Pharmacotherapy for Opioid Use Disorder
29. Well-Child Visits in the First 30 Months of Life

*Medicaid-only measure

Core Measures are in bold

Measure Selection Criteria

Measure Selection Criteria

- The Quality Council has defined three sets of measure selection criteria to guide its work in recommending measures to OHS for measure set inclusion.
 - **Criteria to apply to individual measures** are meant to assess the merits of individual measures. They ensure that each measure has sufficient merit for inclusion.
 - **Criteria to apply to Core Measures** are meant to guide the Quality Council in choosing which measures warrant special focus in Connecticut (i.e., should be used by all insurers in all value-based contracts).
 - **Criteria to evaluate the measure set as a whole** are meant to more holistically assess whether the Aligned Measure Set is representative and balanced, and meets policy objectives identified by the Quality Council.

Criteria to Apply to Individual Measures (1 of 2)

1. Represents an opportunity to promote health equity, evaluated by performing an assessment of data and literature to identify disparities by race, ethnicity, language, disability status, economic status, and other important demographic and cultural characteristics.
2. Represents an opportunity for improvement in quality of care, inclusive of outcomes and of population health.
3. Accessible with minimal burden to the clinical mission, and:
 - a. draws upon established data acquisition and analysis systems;
 - b. is efficient and practicable with respect to what is required of payers, providers, and consumers, and
 - c. makes use of improvements in data access and quality as technology evolves and become more refined over time.
4. Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health.

Criteria to Apply to Individual Measures (2 of 2)

5. Addresses the most significant health needs of Connecticut residents, with attention to areas of special priority, beginning with:
 - a. behavioral health
 - b. health equity
 - c. patient safety, and
 - d. care experience.
6. Measures and methods are valid and reliable at the data element and performance score level.
7. Useable, relevant and has a sufficient denominator size.

Criteria to Apply to Core Measures

1. Includes Quality Benchmark measures unless there is a compelling reason not to do so.
2. Includes one Core Measure from each of the broad measure categories, minimally including behavioral health.
3. Includes at least one health equity measure.
4. Outcomes-oriented.
5. Crucial from a public health perspective.

Criteria to Apply to Measure Set as a Whole

1. Includes topics and measures for which there are opportunities to promote health equity by race, ethnicity, language and/or disability status.
2. Broadly addresses population health.
3. Prioritizes health outcomes, including measures sourced from clinical and patient-reported data.
4. Taken as a whole, high performance on the proposed measure set should significantly advance the delivery system toward the goals of safe, timely, effective, efficient, equitable, patient-centered (STEEEP) care.
5. Balances comprehensiveness and breadth with the need for parsimony to enable effective quality improvement.
6. Representative of the array of services provided, and the diversity of patients served, by the program.

Overview of the Annual Review Process

Data Sources for Six Considerations (1 of 4)

1. Have there been any major changes to the measure specifications?

- We reviewed any changes to the measure specifications by each measure's "steward" in 2023 and those newly proposed by NCQA in 2024.

2. What is the measure's status in the national measure sets of interest?

- We identified whether the measure is currently in any of the following 7 measure sets that were previously indicated to be of interest to the Quality Council:
 - CMS Electronic Clinical Quality Measures (eCQMs) (2023)
 - CMS Medicaid Child Core Set (2023 and 2024 Updates)
 - CMS Medicaid Adult Core Set (2023 and 2024 Updates)
 - CMS Merit-based Incentive Payment System (MIPS) (2023)
 - CMS Medicare Shared Savings Program ACO and Next Generation ACO (2023)
 - NQF Core Quality Measures Collaborative Core Sets (2021)
 - NCQA HEDIS (2024)

Data Sources for Six Considerations (2 of 4)

3. Is the measure currently utilized by Connecticut payers?

- We identified whether the measure is in use by payers (5 insurance carriers in their commercial contracts, DSS PCMH+ Measure Set and OSC) in 2024 using data from the 2024 Quality Council Insurer Survey.

4. Is there evidence of health disparities related to the measure?

- Bailit Health conducted an equity review for each measure. We primarily used the following sources to identify inequities in measure performance or related health outcome by race/ethnicity, disability status, language, socioeconomic status, and education:
 - [America's Health Rankings](#)
 - [AHRQ Quality and Disparities Reports](#)
 - [Healthy Connecticut 2025 State Health Assessment](#)
 - [Health Disparities in Connecticut](#) (CT Health Foundation)
 - Literature review to identify any additional disparities
 - Stratified performance shared by DSS

Data Sources for Six Considerations (3 of 4)

5. Is there opportunity for improvement?

- We assessed Connecticut's opportunity for improvement on the Aligned Measure Set measures for the commercial and Medicaid markets.
- **Commercial:** We calculated weighted average plan performance from NCQA's Quality Compass for HEDIS measures. We compared commercial performance on HEDIS measures to NCQA's national benchmarks.
- **Medicaid:** We used Medicaid performance provided by DSS. We compared Medicaid performance on HEDIS measures to NCQA's national benchmarks.
- We use the following color scheme to indicate how Connecticut commercial and Medicaid performance on HEDIS measures compares to NCQA's national benchmarks:

Commercial and Medicaid Performance Key:				
<25 th percentile	Between 25 th and 50 th percentiles	Between 50 th and 75 th percentiles	Between 75 th and 90 th percentiles	≥90 th percentile

Data Sources for Six Considerations (4 of 4)

6. Did stakeholders submit feedback on the measure?

- We compiled the feedback OHS received from stakeholders in response to its request for feedback on the Aligned Measure Set in December 2023 and January 2024.
- New measures that were submitted for consideration will be raised topically (i.e., at the same time as related measures already in the Measure Set).

Summary of Recommendations from February Quality Council Meeting

Summary of Recommendations from February Quality Council Meeting (1 of 4)

- During the February Quality Council Meeting, the Quality Council reviewed seven out of the eight Core Measures and made the following recommendations:
 - **Retain four measures** in the Core Set:
 1. *Child and Adolescent Well-Care Visits*
 2. *Controlling High Blood Pressure*
 3. *Glycemic Status Assessment for Patients with Diabetes (<9.0%)*
 - Formerly named *HbA1c Control for Patients with Diabetes: HbA1c Poor Control (<9.0%)*
 4. *Plan All-Cause Readmission*

Summary of Recommendations from February Quality Council Meeting (2 of 4)

- During the February Quality Council Meeting, the Quality Council **did not come to consensus on a recommendation** for the following measures:

1. *Health Equity Measure*

- Today we will discuss whether to remove this measure from the Measure Set or to add *REL Data Completeness* as a complementary measure to promote REL data collection.

Summary of Recommendations from February Quality Council Meeting (3 of 4)

- During the February Quality Council Meeting, the Quality Council **did not come to consensus on a recommendation** for the following measures:
 2. *Follow-Up After Emergency Department for Mental Illness (7-Day)*
 - The Quality Council shared concerns about the measure's denominator size and its specification changes.
 - We will discuss this measure and potential alternatives to it when we discuss all the behavioral health measures (during the April Quality Council Meeting).

Summary of Recommendations from February Quality Council Meeting (4 of 4)

- During the February Quality Council Meeting, the Quality Council **did not come to consensus on a recommendation** for the following measures:

3. *Prenatal and Postpartum Care*

- The Quality Council communicated that providers felt challenged to move the needle on this measure because of a lack of OB/GYN providers in contracts with primary care organizations
 - **Note:** Not all Advanced Networks are primary care organizations, so this measure would be appropriate for inclusion in the Menu Set for those contracts.
- The Quality Council chose to defer making a recommendation about this measure until it discussed *Maternity Care: Postpartum Follow-Up and Care Coordination*, which is in the Menu Set.

Follow-Up Topics from the February Quality Council Meeting

Health Equity Measure (1 of 3) (Core)

Measure Steward: CT Office of Health Strategy

Data Source: Claims/Clinical Data

National Measure Sets of Interest: None

Description

The performance for each of the following measures, stratified by race, ethnicity and language:*

1. Child and Adolescent Well-Care Visits
2. Comprehensive Diabetes Care: HbA1c Control
3. Controlling High Blood Pressure
4. Prenatal and Postpartum Care
5. Screening for Depression and Follow-Up Plan

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
None	Yes (1 insurer)	NA	NA

* OHS prioritized stratification of measures that have evidence of disparities in performance by REL in CT and that are required to be stratified for reporting to NCQA.

Health Equity Measure (2 of 3)

- As a reminder, 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 are required to be stratified for reporting to the National Committee for Quality Assurance (NCQA).
 - The Quality Council intended 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.
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Health Equity Measure (3 of 3)

- 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. When asked, payers did not share a timeline for implementing this measure.
 - The payer Quality Council members described the measure as a worthy goal, but aspirational given challenges in calculating the measures and collecting race, ethnicity and language (REL) data.
 - The Quality Council expressed interest in discussing whether to replace the *Health Equity Measure* with a more achievable measure (e.g., an REL data completeness measure).

Race, Ethnicity and Language (REL) Data Completeness Measure (1 of 2)

- The Massachusetts and Rhode Island Aligned Measure Sets both include an REL Data Completeness Measure (specifications for the RI measure was included with today's meeting materials).

Measure Summary: REL Data Completeness Measure	
Description	The percentage of attributed members with self-reported race, ethnicity and English proficiency data that was collected by the provider in the measurement year. Three rates are reported: <ol style="list-style-type: none">1. Attributed members with self-reported race data2. Attributed members with self-reported Hispanic or Latino ethnicity data3. Attributed members with self-reported English Proficiency data
Numerator	Attributed members with self-reported REL data
Denominator	Total attributed members in the measurement year

Race, Ethnicity and Language (REL) Data Completeness Measure (2 of 2)

- Does the Quality Council recommend 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?
- If either or both measures are recommended for inclusion, how should they be categorized (i.e., in the Core Set or the Menu Set?)

Review of Individual Measures

Questions to Consider

- As you review each measure, please consider:
 1. how the measure performs against the previously reviewed six considerations;
 2. whether the measure meets the adopted selection criteria;
 3. whether you recommend retaining, removing, or replacing the measure in the Aligned Measure Set, and
 4. whether you recommend changing the measure's status (e.g., elevating to Core or moving from Core to Menu).
- Please also consider whether any of the measures are “low value” measures, in keeping with our 2024 Quality Council goal to remove such measures from the set.

Social Determinants of Health Screening* (Core)

(1 of 2)

Measure Steward: CT Office of Health Strategy

Data Source: Survey

National Measure Sets of Interest: None

Equity Analysis

- Social risk factors contribute to health inequities.

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Proposed Change for MY 2025 (see following slide)	Yes (1 insurer)	NA	NA

Social Determinants of Health Screening* (Core) (2 of 2)

- OHS received the following suggestions about this measure from a provider:
 - The provider suggested that OHS **add a list of approved screeners** that cover all required domains (the measure does not currently specify which screeners should be used).
 - The provider recommended **adding an exclusion for patients who refuse screening**.
- **Does the Quality Council agree with this provider's proposed specification changes?**
 - If so, OHS can make this specification change for measurement year (MY) 2025 because this is a homegrown measure.

Asthma Medication Ratio* (Menu) (1 of 3)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims

National Measure Sets of Interest: CMS Medicaid Child Core Set; CMS Medicaid Adult Core Set; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, Black and Hispanic children are 5.5x and 4.5x more likely to go to the ED because of asthma than White children (CT Health Foundation, 2020).
- In CT, Black and Hispanic children are 4.5x and 3x more likely to be hospitalized because of asthma than White children (CT Health Foundation, 2020).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Changes for MY 2024 & No Proposed Changes for MY 2025	Yes (3 insurers; DSS; OSC)	82% (between National 25 th and 50 th percentiles)	65% (between National 25 th and 50 th percentiles)

* Phase 1 Quality Benchmark measure

Asthma Medication Ratio* (Menu) (2 of 3)

- During the January Quality Council Meeting, members shared the following feedback about *Asthma Medication Ratio*:
 - A Quality Council member shared that the measure is important but continues to have a **low denominator**, and thus may not offer opportunity for quality improvement activity.
 - A Quality Council member shared that **national clinical guideline changes** for asthma medication management (moving away from controllers and relievers to recommend a combination formulation that has both) may render this measure to no longer be valid.

Asthma Medication Ratio* (Menu) (3 of 4)

- OHS also received the following feedback about this measure from a provider following the February Quality Council meeting:
 - The provider recommended against the measure as an indicator of proper quality care because **many patients request more than one nebulizer prescription** because of their living situation (e.g., children living in two different homes and for school/home; adults requesting multiple prescriptions for work/home).

Asthma Medication Ratio* (Menu) (4 of 4)

- Bailit Health recently discussed *Asthma Medication Ratio* with Massachusetts' Measure Alignment Taskforce and the Taskforce did not view the measure favorably.
 - The Taskforce cited similar complaints as the Quality Council regarding multiple nebulizer prescriptions.
 - The Taskforce also noted that some National Drug Codes (NDCs) are missing from the measure specifications.
- Massachusetts Taskforce staff is conducting a review of alternative asthma medications as potential replacements for *Asthma Medication Ratio*.

Breast Cancer Screening (Menu) (1 of 2)

Measure Steward: National Committee for Quality Assurance

Data Source: Electronic Clinical Data Systems (ECDS)

National Measure Sets of Interest: CMS Medicaid Adult Core Set; CMS eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, breast cancer screening rates are highest for Hispanic (86.1%) women, followed by White (83.5%) and Black (81.4%) women (CT State Health Assessment, 2020).
- DSS reported that in 2022, Breast Cancer Screening rates were highest for Hispanic members (64.0%), followed by Asian (60.9%), Black (57.6%), and White members (53.8%) (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Changes for MY 2024 & Minor Proposed Changes for MY 2025	Yes (5 insurers; DSS; OSC)	83% (above National 90 th percentile)	58% (between National 50 th and 75 th percentiles)

Breast Cancer Screening (Menu) (2 of 2)

- NCQA is considering making the following change to *Breast Cancer Screening* for measurement year (MY) 2025:
 - NCQA already allows organizations to expand the denominator age range to 40–74 years of age in contracts, but NCQA is considering adding a separate stratified rate for individuals ages 40–49 (the measure currently includes ages 50–74) to align with U.S. Preventive Services Task Force recommendations.
- NCQA has also proposed adding a new breast cancer HEDIS measure for MY 2025, *Follow-Up After Abnormal Breast Cancer Assessment*.
 - The draft specifications were included with the meeting materials, but the measure’s adoption will not be finalized until Sept. 2024.

Cervical Cancer Screening (Menu) (1 of 2)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Adult Core Set; CMS eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, cervical cancer screening rates are lower for Hispanic (82.2%) women and Black (84.7%) women than for White (85.6%) women (CT State Health Assessment, 2020).
- DSS reported that in 2022, Cervical Cancer Screening rates were highest for Hispanic members (58.4%), followed by Black (56.1%), White (57.1%) and Asian members (57.1%) (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Changes for MY 2024 & Major Change for MY 2025 (transition to electronic reporting only)	Yes (3 insurers; DSS; OSC)	85% (above National 90 th percentile)	61% (between National 50 th and 75 th percentiles)

ECDS = electronic clinical data systems

Cervical Cancer Screening (Menu) (2 of 2)

- In an effort to encourage health information exchange, NCQA is transitioning this measure to electronic reporting only for measurement year (MY) 2025.
- This means that the measure will be calculated using NCQA's Electronic Clinical Data Systems (ECDS) reporting standard, which uses structured information from claims, EHRs, registries and case management systems.

Chlamydia Screening (Menu) (1 of 2)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims

National Measure Sets of Interest: CMS Medicaid Child Core Set (Ages 16-20); CMS Medicaid Adult Core Set (Ages 19-64); CMS eQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- DPH data indicate that the highest prevalence of chlamydia is in persons at 15–23 years old, more cases are reported in females than in males and Non-Hispanic Black residents are disproportionately affected (CT STD Surveillance Overview, 2023).
- DSS reported that in 2022, Chlamydia Screening rates were highest for Black members (71.5%), followed by Hispanic (69.5%), White (58.4%) and Asian members (54.8%) (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Change for MY 2024 & Minor Proposed Change for MY 2025	Yes (4 insurers; DSS; OSC)	54% (between National 75 th and 90 th percentiles)	66% (between National 75 th and 90 th percentiles)

Chlamydia Screening (Menu) (2 of 2)

- OHS received the following feedback on this measure from a provider:
 - *Chlamydia Screening* measures screening for patients identified as sexually active. One of the methods for identifying sexually active patients is oral contraceptive medications.
 - The provider shared that many young women who are not sexually active are prescribed oral contraceptive pills for other reasons (e.g., acne/dysmenorrhea, polycystic ovary syndrome/hirsutism).

Colorectal Cancer Screening (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Electronic Clinical Data Systems (ECDS)

National Measure Sets of Interest: CMS Medicaid Adult Core Set; CMS eQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, Asian (43.2%), Hispanic (57.2%) and Black (62.4%) adults have lower colorectal cancer screening rates than White (63.8%) adults (America's Health Rankings, 2023).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Major Change for MY 2024 (transition to electronic reporting only) & No Proposed Change for MY 2025	Yes (4 insurers)	73% (above National 90 th percentile)	NA*

* This measure newly applied to Medicaid populations effective in 2022. Benchmark data are not available from NCQA yet.

Concurrent Use of Opioids and Benzodiazepines (Menu) (1 of 2)

Measure Steward: Pharmacy Quality Alliance

Data Source: Claims

National Measure Sets of Interest: CMS Medicaid Adult Core Set

Equity Analysis

- In a national study looking at 2014-2018, White and Hispanic beneficiaries (commercial and Medicare Advantage) had higher rates of co-prescription than did Black beneficiaries (Jeffrey et al., 2019).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
None	Yes (1 insurer)	NA	2.2%* (in the top quartile nationally)

* Lower rates are better for this measure.

Concurrent Use of Opioids and Benzodiazepines (Menu) (2 of 2)

- During the January Meeting, the Quality Council expressed a desire to reduce the number of Menu measures in the Aligned Measure Set
- *Concurrent Use of Opioids and Benzodiazepines* is not widely used by insurers and there is limited room for improvement. For these reasons it may be a good candidate for removal from the Aligned Measure Set.

Developmental Screening in the First Three Years of Life (Menu) (1 of 2)

Measure Steward: Oregon Health & Science University

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Child Core Set; Core Quality Measures Collaborative Core Set

Equity Analysis

- DSS reported that in 2022, Developmental Screening rates were highest for Hispanic members (68.3%), followed by White (66.2%), Black (63.4%) and Asian members (62.7%) (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
None	Yes (DSS)	NA	64% (in the top quartile nationally)

Developmental Screening in the First Three Years of Life (Menu) (2 of 2)

- OHS received the following feedback on this measure from a provider:
 - The provider recommended **removing this measure** from the Aligned Measure Set because it relies on clinical data and would require significant administrative burden to calculate, and, given the heterogeneity of electronic health records, would be unlikely to be measured accurately.

Eye Exam for Patients with Diabetes (Menu) (1 of 3)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS eQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- In CT, Black and Hispanic residents are more than 2x more likely than Whites to have diabetes and have severe complications (CT Health Foundation, 2020).
- In CT, Black residents are more than 2x more likely than Whites to die from diabetes (CT Health Foundation, 2020).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Major Changes for MY 2024 & No Proposed Changes for MY 2025	Yes (4 insurers; DSS)	66% (above National 90 th percentile)	64% (above National 90 th percentile)

Eye Exam for Patients with Diabetes (Menu) (2 of 3)

- NCQA revised the method for identifying diabetes for all HEDIS diabetes measures in MY 2024.
- When the Quality Council reviewed these specifications changes in 2023 (when they had just been proposed and were not yet finalized), it recommended retaining this measure in the Menu Set for MY 2024.

Method	Description
Previous event/diagnosis criteria	<ul style="list-style-type: none">• At least two outpatient encounters, or one inpatient encounter with a diagnosis of diabetes, or• Dispensed at least one diabetes medication
Updated event/diagnosis criteria	<ul style="list-style-type: none">• At least two diagnoses of diabetes on different dates of service (in any setting), or• Dispensed at least one diabetes medication and at least one diagnosis of diabetes (in any setting)

Eye Exam for Patients with Diabetes (Menu) (3 of 3)

- OHS received the following feedback on this measure from a provider:
 - The provider recommended **removing this measure** from the Aligned Measure Set because the provider does not have ophthalmology and does not offer scanning services in its practices. The provider also noted that the scan results are challenging to collect from providers outside of its network.

Follow-Up Care for Children Prescribed ADHD Medication (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Electronic Clinical Data Systems (ECDS)

National Measure Sets of Interest: CMS Medicaid Child Core Set; CMS eQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- DSS reported that in 2022, Initiation performance rates for this measure rates were highest for Asian members (51.9%), followed by Hispanic (49.6%), White (49.2%) and Black (46.7%) members. Continuation and Maintenance rates were highest for Hispanic members (60.1%), followed by White (58.2%), Black (57.8%) and Asian (50.0%) members (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Major Change for MY 2024 (transition to electronic reporting only) & No Proposed Change for MY 2025	Yes (DSS)	Initiation: 41% (between National 75 th and 90 th percentiles)	Initiation: 48% (between National 75 th and 90 th percentiles)
		Continuation and Maintenance: 28% (below National 25 th percentiles)	Continuation and Maintenance: 58% (between National 50 th and 75 th percentiles)

Immunizations for Adolescents, Combo 2* (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Child Core Set; CMS MIPS; Core Quality Measures Collaborative Core Set

Equity Analysis

- DSS reported that in 2022, Immunization for Adolescents performance rates were highest for Hispanic members (39.4%), followed by Black (26.8%), White (24.4%) and Asian (24.1%) members (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Changes for MY 2024 & Major Change for MY 2025 (transition to electronic reporting only)	Yes (3 insurers)	Combo 2: 26% (below National 25 th percentile)	HPV: 38% (between National 50 th and 75 th percentiles)

*Combo 2 includes meningococcal, Tdap and HPV

Kidney Health Evaluation for Patients with Diabetes (Menu) (1 of 2)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: None (this is a Medicare Star Ratings measure)

Equity Analysis

- In CT, Black and Hispanic residents are more than 2x more likely than Whites to have diabetes and have severe complications and Black residents are more than 2x more likely than Whites to die from diabetes (CT Health Foundation, 2020).
- DSS reported that in 2022, Kidney Health Evaluation performance rates were highest for Asian members (46.3%), followed by Hispanic (38.0%), Black (35.2%) and White (32.0%) members (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Major Proposed Changes for MY 2024 (see next slide) & No Proposed Change for MY 2025	Yes (3 insurers)	44% (between National 50 th and 75 th percentiles)	36% (between National 50 th and 75 th percentiles)

Kidney Health Evaluation for Patients with Diabetes (Menu) (2 of 2)

- NCQA revised the method for identifying diabetes for all HEDIS diabetes measures in MY 2024.
- When the Quality Council reviewed these specifications changes in 2023 (when they had just been proposed and were not yet finalized), it recommended retaining this measure in the Menu Set for MY 2024.

Method	Description
Previous event/diagnosis criteria	<ul style="list-style-type: none">• At least two outpatient encounters, or one inpatient encounter with a diagnosis of diabetes, or• Dispensed at least one diabetes medication
Updated event/diagnosis criteria	<ul style="list-style-type: none">• At least two diagnoses of diabetes on different dates of service (in any setting), or• Dispensed at least one diabetes medication and at least one diagnosis of diabetes (in any setting)

Maternity Care: Postpartum Follow-up and Care Coordination (Menu) (1 of 2)

Measure Steward: American Medical Association-convened Physician Consortium for Performance Improvement

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Merit-based Incentive Payment System (MIPS) Measure

Equity Analysis

- In CT, Other race, non-Hispanic women were the most likely to report postpartum depressive symptoms within the first nine months following delivery of a live birth, followed by Hispanic women, and then non-Hispanic Black women. Non-Hispanic White women were the least likely to report these symptoms (CT State Health Assessment, 2020).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
None	None (measure newly added to 2024 Aligned Measure Set to fill postpartum care measure gap)	NA	NA

Maternity Care: Postpartum Follow-up and Care Coordination (Menu) (1 of 2)

- OHS received the following feedback on this measure from a provider:
 - The provider recommended **removing this measure** from the Aligned Measure Set because the provider feels it is duplicative of *Prenatal and Postpartum Care* which is a Core Measure in the 2024 Aligned Measure Set.
 - **Note:** The Quality Council recommended adding *Maternity Care: Postpartum Follow-up and Care Coordination* to the Aligned Measure Set because it includes more comprehensive requirements for a postpartum visit than *Prenatal and Postpartum Care*, particularly behavioral health screening.

Prenatal & Postpartum Care (Core) (1 of 2)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: CMS Medicaid Child Core Set: CMS Medicaid Adult Core Set

Equity Analysis

- In CT, the percentage of pregnant women who receive early prenatal care is lower for Black (77.4%), Hispanic (79.1%) and Asian (83.5%) women than for White (88.3%) women (CT State Health Assessment, 2020).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Changes for MY 2024 & No Proposed Changes for MY 2025	Yes (2 insurers; DSS)	Timeliness of Prenatal Care: 90% (between National 50 th and 75 th percentiles)	Timeliness of Prenatal Care: 92% (above National 90 th percentile)
		Postpartum Care: 87% (between National 50 th and 75 th percentiles)	Postpartum Care: 80% (between National 50 th and 75 th percentiles)

Prenatal & Postpartum Care (Core) (2 of 2)

- During the February Quality Council Meeting, the Quality Council did not come to a consensus on whether to recommend retaining or removing *Prenatal and Postpartum Care* from the Aligned Measure Set.
 - The Quality Council communicated that providers felt challenged to move the needle on this measure because of a lack of OB/GYN providers in contracts with primary care organizations
 - **Note:** Not all Advanced Networks are primary care organizations, so this measure is appropriate for inclusion in the Menu Set for those contracts.
 - The Quality Council wanted to defer making a recommendation about this measure until it discussed *Maternity Care: Postpartum Follow-Up and Care Coordination*, which is in the Menu Set.

Metabolic Monitoring for Children and Adolescents on Antipsychotics* (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Electronic Clinical Data Systems (ECDS)

National Measure Sets of Interest: CMS Medicaid Child Core Set; Core Quality Measures Collaborative Core Set

Equity Analysis

- DSS reported that in 2022, Metabolic Monitoring for Children and Adolescents on Antipsychotics performance rates were highest for Black members (39.3%), followed by White (33.3%), Hispanic (32.5%) and Asian (30.8%) members (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Major Change for MY 2024 (transition to electronic reporting only) & No Proposed Change for MY 2025	Yes (DSS)	NA	35% (between National 50th and 75 th percentiles)

* Medicaid-only measure

Transitions of Care (Menu) (1 of 2)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims/Clinical Data

National Measure Sets of Interest: None

Equity Analysis

- A national study of patient-perceived gaps during care transition found that Black patients were less likely than other patient groups to report completing a post-discharge follow-up visit or to receive prescribed medical equipment (Jones et al., 2022).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)*	Medicaid Performance (2022)*
Minor Changes for MY 2024 & No Proposed Changes for MY 2025	None (measure newly added to 2024 Aligned Measure Set to fill care coordination gap)	NA	NA

* Performance is not available because this measure is specified as a Medicare-only measure. When the Quality Council was considering adding this measure in 2022, NCQA confirmed that this measure can be used for other lines of business.

Transitions of Care (Menu) (2 of 2)

- OHS received the following feedback on this measure from a provider:
 - The provider recommended **removing this measure** from the Aligned Measure Set.
 - The provider noted that the measure assesses a single activity associated with reduced readmissions, and its clinicians and hospitals are already focused on reducing readmissions and tracking and managing CMS and other readmissions measures.
 - The provider noted that rapid follow-up after hospitalization is appropriate for a subset of patients at high risk for readmissions.
 - The provider noted that this measure does not account for the many activities currently in place to reduce readmissions.

Well-Child Visits in the First 30 Months of Life (Menu)

Measure Steward: National Committee for Quality Assurance

Data Source: Claims

National Measure Sets of Interest: CMS Medicaid Child Core Set

Equity Analysis

- DSS reported that in 2022, Well-Child Visits in the First 15 Months performance rates were highest for White members (82.6%), followed by Hispanic (82.2%), Asian (81.0%) and Black (76.5%) members. Well-Child Visits for Age 15-30 Months rates were highest for White members (88.4%), followed by Asian (85.9%), Hispanic (85.4%) and Black (81.8%) members (2022 health equity data provided by DSS).

Status/Measure Specification Changes	Insurer Measure Use (2024)	Commercial Performance (2022)	Medicaid Performance (2022)
Minor Changes for MY 2024 & Minor Proposed Change for MY 2025 (removing telehealth visits)	Yes (5 insurers; DSS)	First 15 Months: 91% (above National 90 th percentile)	First 15 Months: 79% (above National 90 th percentile)
		15-30 Months: 91% (between National 50 th and 75 th percentiles)	15-30 Months: 83% (above National 90 th percentile)

Invitation to March Steering Committee Meeting

Invitation to March Steering Committee Meeting

- On **March 25th (3-5pm)** OHS will be presenting the 2022 Quality Benchmark Results to the Health Care Cost Trends Steering Committee.
 - OHS will also be presenting the 2022 Quality Benchmark results to the Quality Council for discussion during the April Quality Council meeting.
- The Steering Committee meeting will be held in-person only. Quality Council members are invited to attend.
- OHS sent all Quality Council members the meeting information.

Public Comment

Wrap-Up and Next Steps

Meeting Wrap-Up and Next Steps



- Present 2022 Quality Benchmark Results
- Continue 2024 Aligned Measure Set Annual Review