



Quality Council
June 5, 2025

Call to Order and Roll Call

Agenda

<u>Time</u>	<u>Topic</u>
3:00 p.m.	Call to Order, Roll Call, and Agenda Review
3:05 p.m.	Approval of May 15, 2025 Meeting Minutes — Vote
3:10 p.m.	Complete Process of Setting 2026–2030 Quality Benchmarks
4:15 p.m.	Revisiting the 2026 Aligned Measure Set
4:50 p.m.	Public Comment
4:55 p.m.	Next Steps and Adjournment

Approval of May 15, 2025 Meeting Minutes – Vote

Complete Process of Setting 2026 – 2030 Quality Benchmarks

Reminder: Statutory Requirements

- Connecticut General Statute (C.G.S.) § 19a-754g states that “**not later than July 1, 2025**, and every five years thereafter, the executive director shall **develop and adopt annual health care quality benchmarks for the succeeding five calendar years** for provider entities and payers.”
- C.G.S § 19a-754g goes on to say that “the executive director shall consider (i) quality measures endorsed by nationally recognized organizations... and (ii) measures that:
 - (I) concern health outcomes, overutilization, underutilization and patient safety,
 - (II) meet standards of patient-centeredness and ensure consideration of differences in preferences and clinical characteristics within patient subpopulations, and
 - (III) concern community health or population health.”

Setting 2026–2030 Quality Benchmarks: Process Overview

1. Review the **charge** outlined in statute and an **overview of the process** the Council will undertake.
2. Discuss the Quality Benchmarks **logic model**.
3. Review **experience with and performance on** the Quality Benchmarks to date.
4. Revisit the 2021 Quality Council **criteria for selecting measures** and adopt criteria for this year's process.
5. Determine the **number of Quality Benchmarks to set** and whether to again include measures of both **healthcare** and **health status**.
6. Consider **candidate measures**.
7. Determine whether to use a **phased approach** to implementation.
8. Review **recent performance and relevant benchmarks** for selected measures to inform **development of Quality Benchmark values**.

May Meeting Recap

- During our May meeting, members decided on the following six measures as 2026–2030 Quality Benchmarks: ***Breast Cancer Screening, Colorectal Cancer Screening, Controlling High Blood Pressure, Glycemic Status > 9.0%, Immunizations for Adolescents and Prenatal and Postpartum Care.***
- Members then made recommendations for 2030 benchmark values for each of the six measures for the commercial and Medicaid markets, which are summarized on the follow slides.
 - Members confirmed interest in also setting benchmarks for the Medicare Advantage market as applicable. This will be our focus during today's meeting.

Commercial and Medicaid Quality Benchmark Recommendations

Measure Name	2023 Performance		2030 Benchmark Value	
	Comm.	Medicaid	Comm.	Medicaid
Breast Cancer Screening	83.9	57.5	85.0	67.5
Colorectal Cancer Screening	77.7	30.2	77.7	38.1
Controlling High Blood Pressure	71.1	70.4	75.8	75.4
Glycemic Status > 9.0%	22.0	29.3	18.5	22.4
Immunizations for Adolescents	25.9	37.9	38.4	48.7
Prenatal & Postpartum Care	Pre: 86.2	Pre: 93.7	Pre: 93.9	Pre: 93.7
	Post: 89.5	Post: 88.7	Post: 93.9	Post: 90.0

Recommending Quality Benchmark Target Values for Medicare Advantage (1 of 2)

- Two of the six Quality Benchmark measures do not apply to the Medicare Advantage market: ***Immunizations for Adolescents*** and ***Prenatal and Postpartum Care***.
- For the other four measures, we will now review Medicare Advantage performance data relative to available benchmarks from NCQA to inform your recommendations of target values.
 - We will review average Connecticut Medicare Advantage plan performance relative to national benchmarks (25th, 50th, 75th, and/or 90th).
 - For measures with performance near or above the 90th percentile nationally, we will consider relevant New England benchmarks, as New England insurers often outperform the national average.

Recommending Quality Benchmark Target Values for Medicare Advantage (2 of 2)

- As a reminder, discussion of target values should focus on what members believe performance should be, and realistically can be, at the end of the five-year period (i.e., 2030), with consideration of current performance.
- OHS will then calculate the Compound Annual Growth Rate (CAGR) for each measure based on the baseline rate and target value for 2030 to compute what gradual interim targets would be for 2026–2029.

$$\text{Compound Annual Growth Rate (CAGR)} = \frac{\text{Final Rate}}{\text{Baseline Rate}}^{\frac{1}{\# \text{ years}}} - 1$$

Breast Cancer Screening: Medicare Advantage

- Average Connecticut Medicare Advantage plan performance for this measure in 2023 (the most recent year for which data are available) was **74.0%, between the national 50th and 75th percentile benchmarks.**
- Relevant 2023 Medicare Advantage benchmarks of note include:
 - National 75th: **79.1%**
 - New England 75th: **81.1%**
 - National 90th: **82.9%**
 - New England 90th: **84.1%**

What do members believe the Medicare Advantage target value should be for *Breast Cancer Screening* in 2030?

Colorectal Cancer Screening: Medicare Advantage

- Average Connecticut Medicare Advantage plan performance for this measure in 2023 was **74.1%, between the national 50th and 75th percentile benchmarks.**
- Relevant 2023 Medicare Advantage benchmarks of note include:
 - National 75th: **78.8%**
 - New England 75th: **79.8%**
 - New England 90th: **82.0%**
 - National 90th: **82.4%**

What do members believe the Medicare Advantage target value should be for *Colorectal Cancer Screening* in 2030?

Controlling High Blood Pressure: Medicare Advantage

- Average Connecticut Medicare Advantage plan performance for this measure in 2023 was **76.0%, between the national 50th and 75th percentile benchmarks.**
- Relevant 2023 Medicare Advantage benchmarks of note include:
 - New England 75th: **78.8%**
 - National 75th: **79.6%**
 - New England 90th: **82.8%**
 - National 90th: **85.3%**

What do members believe the Medicare Advantage target value should be for *Controlling High Blood Pressure* in 2030?

Glycemic Status > 9.0%: Medicare Advantage

- Note: lower rates reflect better performance for this measure.
- Average Connecticut Medicare Advantage plan performance for this measure in 2023 was **17.0%, between the national 25th and 50th percentile benchmarks.**
- Relevant 2023 Medicare Advantage benchmarks of note include:
 - National 50th: **16.1%**
 - New England 75th: **14.0%**
 - National 75th: **12.1%**
 - New England 90th: **10.9%**
 - National 90th: **9.2%**

What do members believe the Medicare Advantage target value should be for *Glycemic Status > 9.0%* in 2030?

Revisiting the 2026 Aligned Measure Set

Revisiting the 2026 Aligned Measure Set

- Because of OHS' need to set 2026–2030 Quality Benchmarks by July 1 of this year, the Quality Council conducted its annual review of the Aligned Measure Set earlier than usual.
 - The Quality Council began discussing the 2026 Aligned Measure Set in October of 2024 and finished its review in February 2025.
- The Quality Council's recommended 2026 Aligned Measure Set, as of February, is summarized on the following slide.

The Recommended 2026 Aligned Measure Set

Core Set

1. Child and Adolescent Well-Care Visits
2. Controlling High Blood Pressure
3. Glycemic Status Assessment for Patients with Diabetes (>9.0%)
4. Plan All-Cause Readmission
5. Prenatal and Postpartum Care
6. Race, Ethnicity, and Language Data Completeness

Menu Set

1. Asthma Emergency Department Visits
2. Breast Cancer Screening
3. Cervical Cancer Screening
4. Chlamydia Screening
5. Colorectal Cancer Screening
6. Depression Screening for Adolescents and Adults

Menu Set (continued)

7. Developmental Screening in the First Three Years of Life
8. Follow-Up After ED Visit for Mental Illness (7-Day)
9. Health Equity Measure
10. Immunizations for Adolescents (Combo 2)
11. Kidney Health Evaluation for Patients with Diabetes
12. Social Need Screening and Intervention
13. Statin Therapy for Patients with Diabetes
14. Timely Follow-Up After Acute Exacerbations of Chronic Conditions
15. Unhealthy Alcohol Use Screening and Follow-Up
16. Well-Child Visits in the First 30 Months of Life

Revisiting the 2026 Aligned Measure Set

- Since February, NCQA released a Technical Update to the specifications for one measure in the Aligned Measure Set: ***Breast Cancer Screening***.
 - We will review these changes momentarily.
- In addition, Quality Council consideration of measures for the 2026–2030 Quality Benchmarks revealed that a couple changes to the 2026 Aligned Measure Set may be warranted.
 - The relevant measures include ***Plan All-Cause Readmissions***, which is currently in the Core Set, and ***Childhood Immunization Status***, which is not currently in the Aligned Measure Set at all.

Breast Cancer Screening Update

- In March, NCQA released its measure specifications Technical Update, which included a major change to the specifications for **Breast Cancer Screening**. NCQA modified the age range from members 50–74 years of age to members **40–74 years of age to align with updated U.S. Preventive Services Task Force recommendations**.
 - NCQA plans to stratify performance into two separate age bands: 42–51 years and 52–74 years, the latter of which is the same as the previous eligible population.

Plan All-Cause Readmissions

- During discussions of candidate Quality Benchmark measures in April, members expressed preference for several non-Core measures over **Plan All-Cause Readmissions**, calling into question whether the measure should remain in the Core Set. Specific comments included:
 - Concern that the measure does not relate to why someone was previously in the hospital
 - Belief that a readmission reflects the social system more than medical care

Do members still believe that Plan All-Cause Readmissions should remain in the Core Set for 2026?

Childhood Immunization Status

- The Quality Council strongly considered having ***Childhood Immunization Status*** for a 2026–2030 Quality Benchmark measure. This high interest calls into question whether the measure should be in the Aligned Measure Set.
- While the Council ultimately did not select ***Childhood Immunization Status*** as a Quality Benchmark measure, largely due to strong performance relative to peer states, members expressed support during the April meeting with adding the measure to the Aligned Measure Set.

Do members wish to proceed with adding Childhood Immunization Status to the 2026 Menu Set?

Public Comment

Wrap-Up and Next Steps

Meeting Wrap-Up and Next Steps

- The next Quality Council meeting is scheduled for **Thursday, July 17th from 3–5 pm.**