

Quality Council

Meeting Date	Meeting Time	Location
April 18, 2024	3:00 pm – 5:00 pm	Zoom Meeting Recording: https://us02web.zoom.us/rec/share/vyxPN4jxJTdzkbV6CUWewL2OVGjfn4f8v8Vn2VkWdHFI5ron8FPmmd97T5iqgpb.IFf73h3hleQJ7m-6 Passcode: WS9!8iS#

Participant Name and Attendance | Council Members

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

Supporting Leadership & Other Participants

Hanna Nagy, OHS	X	Michael Bailit, Bailit Health	R	Grace Flaherty, Bailit Health	R
Alex Reger, OHS	R	R = Attended Remotely; IP = In Person; X = Did Not Attend			
Lisa Sementilli, OHS	R				
Abigail Cotto, OHS	R				
Krista Moore, OHS	R				

Agenda

	Topic	Responsible Party	Time
1.	Welcome and Call to Order	Alex Reger	3:00pm
	Alex Reger introduced himself to the Quality Council. Alex Reger called the meeting to order at 3:03 pm. Aby Cotto took roll call. Aby reported that a quorum was present.		

2.	Council Action: Approval of Minutes	Council Members	3:05pm
<p>Alex Reger motioned to approve the February 22nd meeting minutes. Michael Jefferson seconded the motion. No one objected to approving the meeting minutes. The motion passed.</p> <p>Michael Jefferson motioned to approve the March 21st meeting minutes. Ellen Carter seconded the motion. The motion passed.</p>			
3.	2022 Quality Benchmark Performance	Michael Bailit	3:10pm
<p>Michael Bailit provided an overview of the Quality Benchmark program and OHS' data collection and analysis of 2022 Quality Benchmark performance data. Michael noted data limitations due to insurers' incomplete reporting of Quality Benchmark performance. Michael presented 2022 Quality Benchmark performance at the market level. Michael asked for reflections on why market-level Medicare Advantage performance was better than commercial performance at the market level.</p> <ul style="list-style-type: none"> • A member offered two potential explanations: the difference in utilization between Medicare Advantage and commercial performance populations, and difference in attention to quality measures between both populations. Michael Bailit noted that the financial incentive for quality improvement is much more powerful in the Medicare Advantage program than in most commercial payer programs. • A member agreed with the prior member's observation. The member asked whether HbA1c was measured using multiple data sources. Michael Bailit confirmed that it was. <p>Michael Bailit presented 2022 Quality Benchmark performance at the insurer and Advanced Network levels.</p> <ul style="list-style-type: none"> • A member asked if OHS could share longitudinal changes in performance for the Phase 1 Quality Benchmark measures. • <u>Action Item</u>: OHS will share longitudinal data for the three Phase 1 Quality Benchmark measures with the Quality Council. <p>Michael Bailit asked for the Quality Council's general reactions and recommendations for improving reporting on Advanced Network level performance.</p> <ul style="list-style-type: none"> • A member said it was unfortunate that the Quality Council did not receive the requisite data from Elevance and UnitedHealthcare. • Michael Bailit asked Advanced Networks if insurers are using clinical data to measure performance on these measures. 			

- A member said he believed clinical data came from a registry but he could not confirm.
- A member said he was not sure how clinical data were being acquired.
- The DSS representative said DSS was exploring using the HIE (“Connie”) to standardize reporting for hybrid measures.
- Michael Bailit said Rhode Island’s Medicaid agency was contracted with a vendor that aggregates EHR data for their clinical quality measures and they are now using those data for their quality incentive programs.
- The OSC representative said OSC was engaged in a primary care initiative and they were exploring using Connie for that purpose.
- Michael asked health plans if they were collecting clinical data from Advanced Networks.
 - A member said she needed to confirm Elevance’s future plans, but said Elevance did not collect clinical data from providers that are not engaged in value-based arrangements.
 - A member said Elevance collects some clinical data and some data are abstracted.

4.	Aligned Measure Set Annual Review	Grace Flaherty	4:00pm
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Grace Flaherty 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 March 21st Quality Council Meeting.

Follow-Up Topics from March Quality Council Meeting

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

Grace shared information about this measure that the Quality Council requested during the March meeting:

- this measure does not prescribe a screening tool, but there are criteria that the selected tool is required to meet and example tools in the measure specifications;
- DSS calculates performance using administrative data and has educated PCMH practices about the use of the relevant billing code (96110);
- Massachusetts Medicaid has seen consistently high documentation of developmental screening results;

- a Massachusetts pediatric provider shared that he was not sure that this measure would significantly improve actual developmental screening rates, but may incentivize providers to bill and code correctly, and
- two Rhode Island pediatric providers thought developmental screening was occurring consistently in pediatric practices, but that there was room for improvement in coding and billing for this measure.

Grace asked, given this information, whether the Quality Council recommended retaining or removing the measure.

- A member said that as a family practice physician he delivers developmental screens.
- Michael Bailit urged the group to weigh whether the measure will improve care and health status, or solely documentation.
- A member wondered if retention of the measure might encourage use of a validated screen.
- A member encouraged measure retention.
- A member recommended retention to improve health equity for children of color.
- Grace Flaherty noted there appeared to be support for measure retention and stated that OHS would continue to monitor whether insurers adopt this measure, as to date they have not.
- A member noted in the chat it would be ideal, if the assumption is that pediatric providers were doing an excellent job of [developmental] screening and thus we do not need to use this measure, to measure referral and follow-up on positive screens (finding something abnormal) much like the depression screening and follow-up measure that exists.
- Recommendation: **Retain the measure in the Menu Set.**

Eye Exam for Patients with Diabetes (Menu)

Grace reminded the Quality Council that in March, it requested to review all the diabetes measures together, including those recommended for addition to the Aligned Measure Set. Grace presented *Eye Exam for Patients with Diabetes* and shared that a provider recommended removing this measure from the Aligned Measure Set because the provider does not have ophthalmology among its services 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.

- See discussion below re: *Statin Therapy for Patients with Diabetes*.
- Recommendation: **Remove the measure from the Menu Set.**

Kidney Health Evaluation for Patients with Diabetes (Menu)

- A member asked if there were racial disparities with respect to this measure, mentioning a recent published paper.
- A member noted that the recent controversy has been about how to measure kidney function, and not whether it is measured.
- Grace Flaherty asked if any members recommended removing the measure from the Menu Set. No members recommended removal.
- Recommendation: **Retain the measure in the Menu Set.**

Statin Therapy for Patients with Diabetes (Recommended for Addition)

Grace shared that a provider recommended that OHS add this measure to the 2025 Aligned Measure Set because of its clinical importance.

- A member said she liked the measure and found its support by clinicians compelling.
- A member said this was the only measure that would address cholesterol and it was an important public health measure. In response to a question from Grace, he said he favored it over the eye exam measure because of difficulty collecting eye exam information.
- A member said he has heard complaints about the eye exam measure because of challenges obtaining reports from ophthalmologists.
- A member supported measure adoption as a replacement for the eye exam measure because of the measure's merits and because the Menu Set is too large.
- Recommendation: **Adopt the measure for the Menu Set.**

Continue Review of Individual Measures

Immunizations for Adolescents, Combo 2 (Menu)

- Grace Flaherty asked if any members recommended removing the measure from the Menu Set. No members recommended removal.
- A member said that there were many factors outside of physician control that impact performance, e.g., parent refusal of HPV.
- A member asked if the measure captured HPV, meningococcal and Tdap vaccines administered outside of the physician office. Michael Bailit replied that it did.
- A member advocated for measure retention.
- A member said that OSC was using this measure.
- In response to a question from Grace, a member said that CT Children's Care Network is using the measure in some contracts.
- Recommendation: **Retain the measure in the Menu Set.**

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

- A member said she struggled with this measure because it is addressing an important topic, but did not know if this was a fair or unfair burden for Advanced Networks without maternal health providers.
- Michael Bailit noted that some Advanced Networks do have OB/GYNs within their networks, and that information might be considered as the Quality Council considered how best to proceed.
- A member said that given disparity in maternal morbidity and mortality it is important to retain one or both maternity measures in the measure set.
- A member recommended that *Prenatal and Postpartum Care* be placed in the Menu Set rather than the Core Set.
- A member recommended *Postpartum Follow-up and Care Coordination* in the Core Set and *Prenatal and Postpartum Care* be placed in the Menu Set.
- A member said that in focus groups she has heard about the “ball being dropped” postpartum and recommended keeping one or both measures in the Menu and Core Sets.
- A member questioned whether the measures differ enough to warrant keeping both. He said that having two maternity care measures seemed like too many.
- A member recommended *Prenatal and Postpartum Care* because it has a prenatal care component.
- Grace Flaherty suggested pausing the conversation and bringing two new related HEDIS measures for consideration, so that a final recommendation can be made with that additional context.
- Recommendation: **Revisit during the May meeting.**

Metabolic Monitoring for Children and Adolescents on Antipsychotics (Menu)

- The DSS representative was not present at the time this measure was discussed. Grace Flaherty said that she would reach out to the representative to solicit his input.
- Recommendation: **Revisit during the May meeting.**
- Action Item: OHS will reach out to DSS to ask whether it recommended retaining or removing *Metabolic Monitoring for Children and Adolescents on Antipsychotics*.

Transitions of Care (Menu)

- A member asked OHS to obtain additional information from the provider that recommended measure removal.
- A member asked if the measure calls for a follow-up appointment, and noted that some providers feel that they can't control whether a patient shows for a follow-up measure.
- A member recommended against removal because the measure was only added to the Aligned Measure Set last year to address a Quality Council-identified measure set gap.
- Recommendation: **Revisit during the May meeting.**
- Action Item: OHS will reach out to the provider that recommended measure removal to ask about its preferred care coordination measures.

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

- Grace Flaherty asked if any members recommended removing the measure from the Menu Set. No members recommended removal.
- Two members recommended measure retention.
- Recommendation: **Retain the measure in the Menu Set.**

5. <u>Public Comment</u>	Alex Reger	4:45pm
Alex Reger invited welcomed public comment. There was none.		
6. <u>Council Action: Meeting Adjournment</u>	Alex Reger	4:50pm
Elizabeth Courtney made a motion to adjourn the meeting. Sandra Czunas seconded the motion. There were no objections. The meeting adjourned at 4:52pm.		

Upcoming Meeting Date:

May 16, 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))