CONNECTICUT Health Strategy

Quality Council

Meeting Date	Meeting Time	Location
June 20, 2024	3:00 pm – 4:00 pm	Zoom Meeting

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

Agenda			
	Topic	**Responsible Party**	**Time**
1.	**Call to Order and Roll Call**	**Alex Reger**	**3:00 pm**
	Alex Reger called the meeting to order at 12:03 pm.		
2.	**<u>Council Action</u>: Approval of Minutes**	**Council Members**	**3:05 pm**
	Elizabeth Courtney motioned to approve the minutes. Michael Jefferson seconded the motion. The minutes were approved.		
3.	**Quality Council Bylaws**	**Alex Reger**	**3:10 pm**
	Alex Reger summarized OHS' proposed revisions to the Quality Council bylaws. Alex asked members if they had any concerns about the proposed changes. • A member asked who OHS intended to remove from the Council. Alex clarified that OHS did not have any plans to remove members from the Council, but rather OHS simply wanted to lower the permitted range for the size of the Council should the Council size shrink over time due to member turnover. Michael Bailit noted that OHS was, in fact, actively adding members to the Council at present, with Dr. Setu Vora of Pequot HealthCare being the newest member of the Council. • A member asked if OHS could share a redlined version of the bylaws showing the changes proposed by OHS. Alex Reger replied that he could do so. The member asked if a vote on the new bylaws could be delayed until members had time to review the redlined version of the revised bylaws. Alex replied that he would prefer not to, as OHS wished to appoint new Chairs during the meeting, which was dependent upon the approval of the revised bylaws. • A member asked with what frequency the Quality Council reviews and updates the bylaws. Alex said that there was not a predetermined cadence; OHS was currently updating the bylaws for the first time and planned to only do so on an as-needed basis. The member said they supported this approach but added that they thought it would be helpful to redistribute the bylaws once a year for members to review. No members responded to Alex's request for a motion to approve the bylaws. Alex indicated that the Quality Council would revisit the bylaws during the October meeting.		
4.	**Quality Council Chair(s)**	**Alex Reger**	**3:20 pm**

	This agenda item was postponed until the next meeting, as it was dependent upon approval of the revised bylaws.		
5.	**Annual Review of Quality Benchmark Specification Changes**	**Michael Bailit and Matt Reynolds**	**3:25 pm**
	Michael Bailit reminded members that the Quality Council reviews Quality Benchmark measure specifications annually to determine whether the Quality Benchmark values remain valid. Michael then reviewed the Quality Council's process for reviewing the measure specification changes and the ways in which the Council can choose to respond to any changes. These options include removing the Quality Benchmark measure for the upcoming year, resetting the Quality Benchmark measure for the upcoming year, or maintaining the Quality Benchmark without reporting performance against a benchmark. Matt Reynolds shared that two Quality Benchmark measures had significant specification changes for 2025: *Follow-Up After Emergency Department Visit for Mental Illness* and *Follow-Up After Hospitalization for Mental Illness*. Matt summarized the changes for both measures, noting that NCQA expected the specification changes for both measures to substantively (and positively) impact performance. Matt shared that OHS' recommendation was to maintain the Quality Benchmark measures for 2025 without reporting performance against benchmark values. • A member asked if resetting the Benchmark values would be burdensome for providers, payers, and/or OHS. Michael Bailit replied that it would mainly be burdensome for OHS, noting that the principal concern was that it would be difficult to determine what the new Benchmark values should be. Michael explained that even though NCQA has developed projections on the potential impact of its specification changes, NCQA's estimates had a wide range. • A member said they supported OHS' recommendation to maintain the measures without reporting against a benchmark value. No members disagreed with this approach.		
6.	**2024-2025 Quality Council Meeting Plan**	**Michael Bailit**	**3:40 pm**
	Michael Bailit noted that OHS would conduct an abbreviated annual review of the Aligned Measure Set during the October-December meetings before setting new Quality Benchmarks for 2026-2030 during the January-April 2025 meetings. Michael explained that the new Quality Benchmarks had to be finalized by June 2025. • A member said it would be helpful to learn what measures other New England states were prioritizing. Michael Bailit replied that OHS could develop a crosswalk of the Connecticut, Massachusetts and Rhode Island measure sets to share in advance of the annual review.		
7.	**Public Comment**	**Members of the Public**	**3:45 pm**
	A provider expressed concern about the fact that OHS permits use of NCQA's *Depression Screening and Follow-Up for Adolescents and Adults* instead of the *Screening for Depression and Follow-Up Plan* measure in the Menu Set. The provider explained that *Depression Screening and Follow-Up for Adolescents and Adults* uses LOINC codes, which are not a part of claims submissions but rather require submission of supplemental data. The provider said that pediatric practices often either do not or cannot have these LOINC codes mapped, depending on the practices' electronic health record (EHR). The provider noted that even when practices have an EHR that can map the LOINC codes, it often incurs an additional charge, as well as another charge to download a report of the LOINC codes to provide to the vendor. The provider noted that their practice was scoring in the single digits on the NCQA measure in one of its contracts while scoring much higher on a similar measure that instead relies on G-codes. The provider said that they believed almost every pediatrician in the state is performing depression screenings with adolescents and young adults, so they thought the NCQA measure was not actually measuring quality of care but rather whether a practice has the right EHR. Michael Bailit thanked the provider for their comments and invited others to raise concerns about any measures in the Aligned Measure Set or share any suggestions for new measures in advance of the abbreviated Aligned Measure Set annual review.		
8.	**Council Action: Meeting Adjournment**	**Alex Reger**	**3:55 pm**
	Alex noted that the next meeting was scheduled for Thursday, October 17th from 3-5 pm. Ellen Carter motioned to adjourn. Setu Vora seconded the motion. The meeting adjourned at 3:55 pm.		

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