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Quality Council
October 17, 2024

Call to Order and Roll Call

Agenda

Time	Topic
3:00 p.m.	Call to Order, Roll Call, and Agenda Review
3:05 p.m.	Approval of September 19, 2024 Meeting Minutes — Vote
3:10 p.m.	Quality Council Bylaws
3:25 p.m.	Quality Council Chair(s)
3:35 p.m.	Begin Annual Review of the Aligned Measure Set
4:50 p.m.	Public Comment
4:55 p.m.	Meeting Wrap-Up and Next Steps
5:00 p.m.	Adjournment

Approval of September 19, 2024 Meeting Minutes – Vote

Quality Council Bylaws

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Quality Council Bylaws

- Prior to our September meeting, OHS distributed revised bylaws for review, with a second document summarizing the proposed changes. Prior to today's meeting, OHS also distributed a redlined version of the bylaws. The proposed changes include:
    1. Clarifications to the goals, objectives, and duties of the Council
    2. Clarifications to the Council categories of membership
    3. Reduction in the potential Council size from 20-27 to 13-25 members
    4. Moving to two-year terms without a maximum time served
    5. Shifting the obligation from the Council / Chair(s) to OHS for
        - Discharging members for cause
        - Appointing members to fill vacancies
        - Appointing Chair(s)

Discussion and Vote: *Do members approve of the revised bylaws?*

Quality Council Chair(s)

Begin Abbreviated Annual Review of the Aligned Measure Set

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The Aligned Measure Set (1 of 2)

- The Aligned Measure Set was first established in 2016 as part of the former CMS State Innovation Model (SIM) program.
- The overarching aim of the Aligned Measure Set is to promote alignment of contractual quality incentive measures used by commercial insurers and Medicaid in contracts with Advanced Networks*.

*Advanced Networks are provider organizations or other 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 Aligned Measure Set (2 of 2)

- The Aligned Measure Set contains Core Measures and Menu Measures.
  - **Core Measures** are those that OHS asks insurers to use in *all* value-based contracts with Advanced Networks.
  - **Menu Measures** are optional for use in value-based contracts.
- OHS asks insurers to limit measures used in Advanced Network value-based contracts to those found in the Core and Menu Sets.

The 2025 Aligned Measure Set

Core Set

1. Child and Adolescent Well-Care Visits
2. Controlling High Blood Pressure
3. Follow-Up After ED Visit for Mental Illness (7-Day)
4. Glycemic Status Assessment for Patients with Diabetes (>9.0%)
5. Plan All-Cause Readmission
6. Prenatal and Postpartum Care
7. Race, Ethnicity, and Language Data Completeness

Menu Set

1. Asthma Medication Ratio
2. Breast Cancer Screening
3. Cervical Cancer Screening
4. Chlamydia Screening in Women
5. Colorectal Cancer Screening

Menu Set (continued)

6. Developmental Screening in the First Three Years of Life
7. Follow-Up After Hospitalization for Mental Illness (7-Day)
8. Health Equity Measure
9. Immunizations for Adolescents (Combo 2)
10. Kidney Health Evaluation for Patients with Diabetes
11. Patient Centered Medical Home (PCMH) CAHPS Survey
12. Screening for Depression and Follow-Up Plan
13. Social Determinants of Health Screening
14. Statin Therapy for Patients with Diabetes
15. Transitions of Care
16. Well-Child Visits in the First 30 Months of Life

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 Advanced Network 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:
    - draws upon established data acquisition and analysis systems;
    - is efficient and practicable with respect to what is required of payers, providers, and consumers, and
    - makes use of improvements in data access and quality as technology evolves and become more refined over time.

Criteria to Apply to Individual Measures (2 of 2)

4. Evidence demonstrates that the structure, process, or outcome being measured **correlates with improved patient health**.
5. **Addresses the most significant health needs of Connecticut residents**, with attention to areas of special priority, beginning with behavioral health, health equity, patient safety, and 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 the 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.

Measure Considerations

During our abbreviated annual review, we will review the following types of data for each measure:

1. **Changes to the measure specifications** and use in existing measure sets, including as a Quality Benchmark.
2. **Measure use** in contracts by CT payers (identified via insurer survey)
3. **Evidence of health disparities**. Sources include:
   - 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
4. **Opportunity for improvement**
   - Commercial: We calculated weighted average **MY 2023** plan performance from NCQA's Quality Compass for HEDIS measures relative to national commercial benchmarks.
   - Medicaid: MY 2023 DSS performance is not yet available. We compared **MY 2022** DSS performance to NCQA's national Medicaid benchmarks for HEDIS measures.

Final Reminders for Our Review

- As a reminder, 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:				
<25th percentile	Between 25th and 50th percentiles	Between 50th and 75th percentiles	Between 75th and 90th percentiles	≥90th percentile

- As we review each measure, please consider whether you recommend…
  - retaining the measure;
  - changing the measure's status (e.g., Core to Menu), or
  - removing the measure from the Aligned Measure Set altogether.

Child and Adolescent Well-Care Visits* (Core)

Measure Steward: National Committee for Quality Assurance
Data Source: Claims
National Measure Sets of Interest: CMS Medicaid Child Core Set

Equity Analysis

- CT DSS reported that in 2021, Child and Adolescent Well-Care visits was among the measures with the lowest/worst rates for Black/African American Non-Hispanic Medicaid members (63.6%) (DSS MAPOC Presentation, 2023).

Status/Measure Specification Changes	Insurer Measure Use (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Removed telehealth visits from the numerator	5 payers	81%	64%

*Phase 2 Quality Benchmark measure

Controlling High Blood Pressure* (Core)

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; CMS AHEAD Model

Equity Analysis

- In CT, about 42% of non-Hispanic Black individuals were estimated to have been diagnosed with high blood pressure, compared to 33.4% of non-Hispanic white individuals (BRFSS, 2021).

Status/Measure Specification Changes	Insurer Measure Use (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
No change	3 payers	71%	62%

*Phase 1 Quality Benchmark measure

Follow-Up After Emergency Department Visit for Mental Illness, 7-Day* (Core) (1 of 4)

Measure Steward: National Committee for Quality Assurance
Data Source: Claims
National Measure Sets of Interest: CMS Medicaid Child and Adult Core Sets; Core Quality Measures Collaborative Core Set

Equity Analysis

- A national study of follow-up after mental health ED discharge found that the odds of follow-up were lower for Black adults compared to White adults (odds ratio = 0.83 for 7-day rate) (Croake et al., 2017).

Status/Measure Specification Changes	Insurer Measure Use (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Yes (see next three slides)	2 payers	77%	48%

*Phase 2 Quality Benchmark measure

Follow-Up After Emergency Department Visit for Mental Illness, 7-Day (Core) (2 of 4)

NCQA's changes for MY 2025 are summarized below and on the slide that follows:

1. Updated denominator criteria to include phobia diagnoses, anxiety diagnoses, intentional self-harm X-chapter codes and the R45.851 suicidal ideation code.

2. Expanded the numerator criteria with additional follow-up options, including **expansion of provider-type options** and inclusion of psychiatric residential treatment and peer support services for mental health.

Follow-Up After Emergency Department Visit for Mental Illness, 7-Day (Core) (3 of 4)

3. Modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the claim.

4. Modified the numerator criteria to **allow a mental health diagnosis to take any position on the claim** and removed visits requiring both a mental health diagnosis and self-harm diagnosis from the numerator.

Follow-Up After Emergency Department Visit for Mental Illness, 7-Day (Core) (4 of 4)

- During our last annual review, the Quality Council recommended moving this measure from Core to Menu (due to concerns about denominator size, behavioral health system capacity, and timely notification of discharge), with a plan to move the measure back to the Core Set after updated benchmark data are available following the revised specifications (likely 2026 at the earliest).
- OHS ultimately decided to keep this measure in the Core Set for 2025, as the measure remains a Quality Benchmark measure for at least this coming year.

Does the Quality Council wish to restate its previous recommendation for the 2026 Aligned Measure Set?

Glycemic Status Assessment for Patients with Diabetes (>9.0%)* (Core)

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; CMS AHEAD Model

Equity Analysis

- In CT, Black and Hispanic residents are more than 2x more likely than White residents to have diabetes and have severe complications (CT Health Foundation, 2020).
- In CT, Black individuals account for 18% total diabetes deaths in CT, while the Black population makes up 12.9% of the total state population (Kaiser State Health Facts, 2021).

Status/Measure Specification Changes	Insurer Measure Use (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Minor changes	2 payers	22%	35%

*Phase 1 Quality Benchmark measure

Plan All-Cause Readmissions (Core)

Measure Steward: National Committee for Quality Assurance
Data Source: Claims
National Measure Sets of Interest: CMS Medicaid Adult Core Set; Core Quality Measures Collaborative Core Set; CMS AHEAD Model

Equity Analysis

- In CT, non-Hispanic Black adults are more likely than their peers in other racial/ethnic groups to experience readmission within 30 days of discharge (25 per 1,000 population for Black adults, compared to 17, 14, and 4 per 1,000 population for White, Hispanic, and Asian adults) (CT State Health Assessment, 2020).

Status/Measure Specification Changes	Insurer Measure Use (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Minor changes	1 payer	0.61	1.29

Prenatal & Postpartum Care (Core)

Measure Steward: National Committee for Quality Assurance
Data Source: Claims/Clinical Data
National Measure Sets of Interest: CMS Medicaid Adult and Child Core Sets; CMS AHEAD Model (Postpartum Care)

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 (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Minor changes	2 payers	**Timeliness of Prenatal Care**: 89%	**Timeliness of Prenatal Care**: 92%
		Postpartum Care: 86%	**Postpartum Care**: 80%

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

Measure Steward: CT Office of Health Strategy
Data Source: Other
National Measure Sets of Interest: None

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: 1.Attributed members with self-reported race data 2.Attributed members with self-reported Hispanic or Latino ethnicity data 3.Attributed members with self-reported English proficiency data

Status/Measure Specification Changes	Insurer Measure Use (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
See next slide for proposed changes	0 payers	NA	NA

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

- This measure currently requires collection of race and ethnicity data according to the original (1997) OMB standards, and English proficiency data for language. Earlier this year, OMB released a revised, combined race/ethnicity standard, which OHS subsequently incorporated in its recently published RELD standards.
- The **Health Equity Subgroup** recommended modifying this measure to require that data be collected according to OHS' new standards and, for language data collection, requiring both English proficiency *and* preferred language.

➢**Does the Quality Council support this recommendation?**

Asthma Medication Ratio* (Menu) (1 of 2)

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 (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Minor changes	3 payers	82%	65%

* Phase 1 Quality Benchmark measure

Asthma Medication Ration (Menu) (2 of 2)

- During our last annual review, the Quality Council recommended removing this measure from the Menu Set due to concerns that the measure was not as clinically relevant due to clinical guideline changes and the growing use of SMART therapy. Members also believed that disparities associated with the measure were due to environmental and social factors rather than inequitable prescribing of inhalers.

- OHS ultimately decided to keep this measure in the Menu Set for 2025, as the measure is still a Quality Benchmark for (at least) one more year in 2025.

➢ **Does the Quality Council wish to recommend removing the measure from the 2026 Aligned Measure Set?**

Breast 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 eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set; CMS AHEAD Model

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 (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Minor changes	5 payers	84%	58%

Cervical Cancer Screening (Menu)

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 (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
ECDS reporting only	4 payers	85%	61%

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 eCQMs; 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 (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Yes (see next slide)	4 payers	53%	66%

Chlamydia Screening (Menu) (2 of 2)

- NCQA updated the measure to include transgender members recommended for routine chlamydia screening and, accordingly, changed the measure name to *Chlamydia Screening*.

➢ **Does the Quality Council recommend any change to this measure's status for 2026?**

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 eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set; CMS AHEAD Model

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 (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Minor changes	3 payers	77%	NA*

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

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

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 (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
None	2 payers	NA	64%

Follow-Up After Hospitalization for Mental Illness, 7-Day* (Menu) (1 of 2)

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; CMS MIPS; Core Quality Measures Collaborative Core Set; CMS AHEAD Model

Equity Analysis

- In a national study of follow-up treatment following inpatient psychiatric treatment, Black adults were less likely than White adults to receive follow-up care (odds ratio = 0.45 for 30-day follow-up) (Carson et al., 2014).

Status/Measure Specification Changes	Insurer Measure Use (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Yes (see next slide)	1 payer	83%	46%

* Phase 2 Quality Benchmark measure

Follow-Up After Hospitalization for Mental Illness, 7-Day (Menu) (2 of 2)

NCQA made the following changes for MY 2025:

1. Updated denominator criteria to include phobia diagnoses, anxiety diagnoses, intentional self-harm X-chapter codes and the R45.851 suicidal ideation code.

2. Expanded the numerator criteria with additional follow-up options, including **expansion of provider-type options** and inclusion of psychiatric residential treatment and peer support services for mental health.

➢ **Does the Quality Council recommend any change to this measure's status for 2026?**

Health Equity Measure (Menu) (1 of 2)

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 (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
See next slide for proposed changes	1 payer	NA	NA

Health Equity Measure (Menu) (2 of 2)

- This measure currently does not specify what standards should be used for race, ethnicity, and language stratification. The **Health Equity Subgroup** recommended modifying the measure to require stratification according to OHS' recently published RELD standards.
  - ➢ **Does the Quality Council support this recommendation?**
- The **Health Equity Subgroup** also recommended:
  - adding disability status, sexual orientation, gender identity, and sex stratifications to the measure, and
  - adding *PCMH CAHPS* as a measure required for stratification.
  - ➢ **Does the Quality Council support these recommendations?**

Immunizations for Adolescents, Combo 2 (Menu) (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 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 (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Yes, see next slide	3 payers	26%	38%

Immunizations for Adolescents, Combo 2 (Menu) (2 of 2)

NCQA made the following changes for MY 2025:

1. Added the pentavalent meningococcal vaccine to the meningococcal indicator numerator and expanded the age range from 11-13 to 10-13.

2. NCQA retired the administrative and hybrid reporting methods for these measures (the measure is now ECDS reporting only).

➢ **Does the Quality Council recommend any change to this measure's status for 2026?**

Kidney Health Evaluation for Patients with Diabetes (Menu)

Measure Steward: National Committee for Quality Assurance
Data Source: Claims/Clinical Data
National Measure Sets of Interest: Core Quality Measure 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. 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 (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Minor changes	2 payers	43%	36%

PCMH CAHPS (Menu)

Measure Steward: Agency for Healthcare Research and Quality
Data Source: Survey
National Measure Sets of Interest: None

Equity Analysis

- A national study of racial/ethnic differences in experiences with primary care in PCMH settings among Veterans found that Black, Hispanic, and Asian/Pacific Islander populations reported worse experiences than Whites with access, comprehensiveness, communication, and office staff helpfulness/courtesy (Jones et al., 2016).

Status/Measure Specification Changes	Insurer Measure Use (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
No Changes to PCMH Item Set 3.0	1 payer	NA	NA

Screening for Depression and Follow-Up Plan (Menu) (1 of 2)

Measure Steward: Centers for Medicare & Medicaid Services
Data Source: Claims/Clinical Data
National Measure Sets of Interest: CMS Medicaid Child Core Set (Ages 12-17); CMS Medicaid Adult Core Set (Age 18+); CMS eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set; CMS AHEAD Model

Equity Analysis

- In CT, the percentage of adults who ever reported being told by a health professional that they have a depressive disorder is highest for White (19.9%) adults, followed by Multiracial (17.6%), Hispanic (17.7%), Black (11.7%) and Asian (8.5%) adults (America's Health Rankings, 2022).

Status/Measure Specification Changes	Insurer Measure Use (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
No changes	2 payers	NA	NA

Screening for Depression and Follow-Up Plan (Menu) (2 of 2)

- When finalizing the 2024 Aligned Measure Set, the Quality Council recommended permitting the use of NCQA's ***Depression Screening and Follow-Up for Adolescents and Adults*** instead of this measure from CMS after one payer indicated that they were planning to move to using the NCQA measure.
- During our last Quality Council meeting, a provider expressed concern with permitting use of the NCQA measure because the measure uses LOINC codes, which are not a part of claims submissions but rather require submission of supplemental data.

➢ **Does the Quality Council recommend continuing to permit use of NCQA's *Depression Screening and Follow-Up for Adolescents and Adults*?**

Social Determinants of Health Screening (Menu) (1 of 4)

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 (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
No changes	1 payer	NA	NA

Social Determinants of Health Screening (Menu) (2 of 4)

- During our last annual review, the Quality Council moved this measure from Core to Menu due to perceived challenges in identifying patients that meet the numerator, particularly if they screen negative across domains.

- The Quality Council could consider replacing this homegrown measure with one of the similar measures that have been developed by national stewards (NCQA and CMS), as these measures specify the codes to use when documenting that a screening was performed.

Social Determinants of Health Screening (Menu) (3 of 4)

Social Need Screening and Intervention (NCQA)

- **Description**: The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.
  - The measure specifications provide **LOINC codes** that can be used for both the screenings and for positive findings, depending on which eligible screening instrument is used.
  - The Quality Council considered this measure previously but did not adopt it because the measure is ECDS only.

Social Determinants of Health Screening (Menu) (4 of 4)

Screening for Social Drivers of Health (CMS)

- **Description**: The percentage of patients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.
  - Unlike the NCQA measure, this measure does not require the use of specific instruments and does not include the rate of positive screens.
  - The measure specifications indicate that **HCPCS Code M1207** should be used to indicate that a patient was screened.

➢ **Does the Quality Council retain the current measure in the 2026 Aligned Measure Set or to replace it with the NCQA and/or CMS measure?**

Statin Therapy for Patients with Diabetes (Menu)

Measure Steward: National Committee for Quality Assurance
Data Source: Claims
National Measure Sets of Interest: Core Quality Measures Collaborative Core Set

Description

The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:
1. ***Received Statin Therapy***. Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. ***Statin Adherence 80%.*** Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Status/Measure Specification Changes	Insurer Measure Use (2025)	Commercial Performance (2023)	Medicaid Performance (2022)
Minor changes	1 payer	**Received Therapy**: 64% **Adherence**: 76%	NA

Transitions of Care (Menu)

Measure Steward: National Committee for Quality Assurance
Data Source: Claims/Clinical Data
National Measure Sets of Interest: Core Quality Measures Collaborative Core Set

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 (2025)	Commercial Performance (2023)*	Medicaid Performance (2022)*
Minor changes	0 payers	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.

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 (2025)	Commercial Performance (2022)	Medicaid Performance (2022)
Removed telehealth visits from numerator	5 payers	**First 15 Months:** 91%	**First 15 Months:** 79%
		15-30 Months: 96%	**15-30 Months:** 83%

Public Comment

Wrap-Up and Next Steps

Meeting Wrap-Up and Next Steps

- The Quality Council will meet next on **Thursday, November 21st from 3-5 pm**.

- The Quality Council's final meeting of 2024 is scheduled for Thursday, December 19th from 3-5 pm. **OHS plans to hold this meeting in person in Hartford**.