CONNECTICUT

Quality Council
November 21, 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 October 17, 2024 Meeting Minutes — Vote
3:10 p.m.	OSC Discussion of Quality Measure Challenges
3:30 p.m.	Continue 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 October 17, 2024 Meeting Minutes – Vote

OSC Discussion of Quality Measure Challenges

CONNECTICUT

Continue Annual Review of the Aligned Measure Set

Submitting Recommendations for Measures to Include in the Aligned Measure Set

- OHS has created a form for Council members and other stakeholders to submit their recommendations for measures they would like to see added to the Aligned Measure Set.
- For any measure Council members or the public would like to have considered for addition to the 2026 Aligned Measure Set, please submit the form to Alexander.Reger@ct.gov by December 6th so that we may discuss the recommendations during our December 19th meeting.

Reminder: 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

October Meeting Recap (1 of 2)

1. During our October meeting, the Council recommended **retaining the following measures in the Core Set** for 2026:
   - *Child and Adolescent Well-Care Visits*
   - *Controlling High Blood Pressure*
   - *Glycemic Status Assessment for Patients with Diabetes (>9.0%)*
   - *Plan All-Cause Readmissions*
   - *Prenatal and Postpartum Care*
   - *Race, Ethnicity and Language Data Completeness*
2. The Council recommended **moving** *Follow-Up After Emergency Department Visit for Mental Illness (7-Day)* **from the Core Set to the Menu Set** for 2026, and potentially replacing it in the Core Set with a different behavioral health measure.

October Meeting Recap (2 of 2)

3. For *Race, Ethnicity, and Language Data Completeness*, the Council agreed with the Health Equity Subgroup's recommendation to **modify the measure to require collection** according to OHS' recently released data standards.
   - However, we did not discuss another recommendation from the Health Equity Subgroup: **add completeness of disability status data** (which is also included in OHS' data standards) to the measure.

   Does the Quality Council support this recommendation from the Health Equity Subgroup?

4. Finally, in October the Council recommended **removing** *Asthma Medication Ratio* **from the Menu Set** for 2026 and researching alternative asthma measures for potential addition to the Set.

Reminder: Measure Considerations

During this year's 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.

Review Key

- 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.

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 have been 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 a) the highest prevalence of chlamydia is in persons 15-23 years old, b) more cases are reported in females than in males, and c) 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. Controlling High Blood Pressure 3. Glycemic Status Assessment for Patients with Diabetes: HbA1c Poor Control (>9.0%) 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 electronic clinical data systems [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, 2021).
- 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 3)

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 3)

- 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 it was 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.

Screening for Depression and Follow-Up Plan (Menu)(3 of 3)

- For 2026, does the Quality Council recommend…

    1. Only permitting use of CMS' *Screening for Depression and Follow-Up Plan* and **not** NCQA's *Depression Screening and Follow-Up for Adolescents and Adults*?
    2. **Replacing** CMS' *Screening for Depression and Follow-Up Plan* in the Menu Set with NCQA's *Depression Screening and Follow-Up for Adolescents and Adults*?
    3. Continuing to permit use of either measure, and if so, should the NCQA measure be formally included in the Menu Set?

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 electronic clinical data systems (ECDS) reporting 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 wish to retain the current measure in the 2026 Aligned Measure Set or 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

CONNECTICUT

Wrap-Up and Next Steps

Meeting Wrap-Up and Next Steps

- The Quality Council will meet next **in person in Hartford** on Thursday, December 19th from 3-5 pm.