

**CONNECTICUT STATE INNOVATION MODEL QUALITY COUNCIL  
HEALTH EQUITY DESIGN GROUP  
SUMMARY and RECOMMENDATIONS**

Members of the Health Equity Design Group (HEDG):

- Ignatius Bau, JD, Health Policy Consultant
- Aileen Broderick, Anthem Blue Cross Blue Shield
- Dora Hughes, MD, MPH, Health Policy Consultant, Sidley Austin
- Kathleen Lavorgna, MD, Connecticut State Medical Society
- Elizabeth Krause, ScM, Connecticut Health Foundation, HEDG Leader
- Theanvy Kuoch, MA, Khmer Health Advocates, SIM Consumer Advisory Board
- Wayne Rawlins, MD, MBA, ConnectiCare (formerly Aetna)

Charge:

The HEDG was charged with providing measure recommendations for race/ethnicity stratification to the Quality Council to ensure that health equity is advanced in the implementation of Connecticut's State Innovation Model's (SIM) quality improvement and value based payment program.

The recommendations below were prioritized from two subsets of measures for their potential contribution to measurably and meaningfully advancing health equity: 1) the set of clinical measures considered by the Quality Council that are derived from electronic health records (EHRs) and 2) the set of measures considered by the Quality Council that are derived from claims.

What become clear is that a pathway will be necessary over the SIM years to arrive at the point where EHR measures, which hold potential for obtaining both more robust race/ethnicity and outcomes data, will be at a state of readiness. Developing health information technology and exchange capacity is a key part of the SIM plan. Until EHR based measurement and reporting capacity is established, Connecticut SIM is likely to focus more heavily on claims measures in its quality efforts. Within and between the claims systems of different public and private payers, there is inconsistency in the availability of race/ethnicity data necessary to measure health equity gaps. Given anticipated implementation challenges, the following recommended measures represent an important first step toward leveraging quality improvement and payment for health equity.

Recommended Measures:

Clinical (EHR) Measures:

- Diabetes mellitus: HbA1c poor control (>9%)
- Hypertension: Controlling high blood pressure
- Colorectal cancer screening
- Screening for clinical depression and follow-up

Claims Measures

- Diabetes mellitus: HbA1c screening
- Plan all cause readmission
- Asthma medication management

Note: The HEDG previously prioritized the claims measure "emergency department use per 1,000," which was replaced with emergency department use (observed to expected) on the developmental set.

Care Experience

- Consumer Assessment of Healthcare Providers & Systems (CAHPS)

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Process Summary:

The HEDG members reviewed the SIM plan and available disparities and equity data for each of the EHR based measures, and then each of the claims based measures under consideration by the Quality Council. Based on the criteria below, members individually rank ordered the EHR based measures, and then individually ranked ordered the claims based measures.

Included as a reference are the following tables that provide the disparities data that were considered and the rank order assigned by the HEDG, including for measures that did not make the final recommendation. While each clinical measure was assigned a consecutive numerical rank (1-7 with 1 being highest priority), the claims measures rankings were less conclusive and were assigned 1 or 2.

The SIM Program Management Office asked the HEDG to bring its top 3-4 clinical and claims measure recommendations to the full council. HEDG members came to consensus through discussion.

The HEDG recommendations were discussed at a full council meeting and ultimately adopted into the Quality Council's report.

The HEDG also supported the SIM Project Management Office's ongoing conversations with Yale about developing methodologically viable approaches to and resources for measuring and rewarding more equitable care experience through Patient Centered Medical Home CAHPS. This may require using health equity proxies (e.g., comparing the care experience of publicly and commercially insured populations).

Selection and Prioritization Criteria Used:

- From the universe of the EHR and claims based measures in the SIM Quality Council's provisional measure set
- Evidence of racial/ethnic gaps for each measure
- Clinically important from multiple vantage points, but especially to consumers and populations that bear disproportionate inequities
- Aligned with other national and state improvement efforts for leverage and efficiency
- Likely to have adequate base rates (to be determined down the line)

Note: In some cases, robust racial and ethnic disparities data were not available. HEDG members, however, had reason to suspect the measures and clinical issues they address might be important from a health equity standpoint. Reporting and monitoring over time may be necessary to determine whether the measure is suited for value based payment calculations on the basis of racial and ethnic health disparities quality improvement.

Note: Two asthma medication measures were considered by the full Quality Council. While the HEDG recommended prioritizing an asthma medication measure for stratification by race/ethnicity because asthma is an important health equity issue, the HEDG deferred to what was selected by the Quality Council – ultimately medication management.

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HEDG Priority Rank	EHR BASED MEASURE	NQF	ACO	RATIONALE AND HEALTH EQUITY RELATED DATA
1	Diabetes Mellitus: hemoglobin A1c poor control (>9%)	0059	27	Outcomes measure, addressing diabetes is a state and national priority, diabetes care quality prioritized in SIM Plan p.55, racial and ethnic disparities in diabetes, SIM Plan p.26 Diabetes in adults: CT overall: 6.4%P CT white: 5.7%P CT Black: 14.9%*P CT Hispanic: 10.5%*PCT low income: 12.3% Premature mortality from diabetes (males): CT overall: 134/100KP CT White: 119/100KP CT Black: 261/100KP CT Hispanic: 178/100K Premature mortality for diabetes (females): CT overall: 72/100KP CT White: 60/100KP CT Black: 175/100KP CT Hispanic: 102/100K DM related Lower extremity amputation: CT overall 23/100KP CT white: 17.4/100KP CT Black: 75.5/100KP CT Hispanic: 47.0/100K Adults w diabetes who took diabetes class: CT overall: 41.6%
2	Hypertension: controlling high blood pressure	0018	28	Outcome measure hypertension care quality prioritized in SIM Plan p.55 Prevalence of HTN among adults: U.S. overall: 31.4%P CT overall: 31.3%P CT White 32.5%P CT Black: 35.7%P CT Hispanic: 25.8%P CT low income approx. 39%* *statistically significant
3	Screening for clinical depression & follow up plan	0418	18	Behavioral health part of whole person centered care screening already required for PCMHP racial disparities in depression screening, SIM Plan p.30
4	Colorectal cancer screening	0034	19	Racial and ethnic disparities in colorectal cancer screening, SIM Plan p.27 50+ with colonoscopy/sigmoidoscopy: U.S. overall: 67.3%P CT overall: 74.5%P CT low income: ~65%*P CT White: 75.9%P CT Black: 66.1%*P CT Hispanic: 69.5% *statistically significant
5	Tobacco use screening & cessation intervention	0028	17	Screening already required for PCMHP tobacco cessation quality prioritized, evidence of effectiveness of immediate provider intervention, in SIM Plan p.55P income, racial, and ethnic disparities in smoking, SIM Plan p.25`26 % cigarette smokers: U.S. Overall: 21.2%P CT overall: 17.1%P CT White: 16.8%P CT Black: 20.8%P CT Hispanic: 17.1%P CT low income: 25.0%* *statistically significant
6	Preventative care & screening: Body Mass Index (BMI) screening & follow up	0421	16	Screening already required for PCMHP obesity care quality prioritized in SIM Plan p.55P income, racial, ethnic disparities in obesity, SIM Plan p.25`26 % adults obese: U.S. overall: 27.8%P CT overall: 24.5%P CT White: 23.0%PCT Black :32.8%*P CT Hispanic: 32.6%*P CT low income: ~ 30%* % adults overweight: U.S. overall: 35.7%P CT overall: 35.2%P CT White: 35.4%P CT Black: 39.2%P CT Hispanic: 32.2%P CT low income: ~ 35% Adults meeting 150minutes/wk physical activity: CT overall: 52.6%P CT low income: 40.7%* Adults consuming 5+ servings fruits/veggies: CT overall: 20.5% *statistically significant
7	Diabetes Mellitus: diabetes eye exam	0055	41	Adults w diabetes reporting eye exam in past year: CT overall: 72.8%P CT White: 75.6%P CT Black: 73.8%P CT Hispanic: 63.3%*P CT low income.: 68.7% *statistically significant

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1	Hospital admission for asthma, adult	0283		Asthma care quality prioritized in SIM Plan p.55P racial and ethnic disparities in asthma, SIM Plan p.26 Prevalence of asthma, adults: U.S. overall: 8.6%P CT overall: 9.2%P CT White: 8.1%P CT Black: 15.5%*P CT Hispanic: 11.7%P CT low inc: ~ 14%* *statistically significant Hospitalization for adults asthma as primary dx: CT overall: 15/10,000P CT White: 8/10,000P CT Black : 39/10,000P CT Hispanic: 43/10,000 No significance test performed
1	Hospital admission for asthma, pediatric	0728		Asthma care quality prioritized in SIM Plan p.55P racial and ethnic disparities in asthma, SIM Plan p.26 Prevalence of asthma in children: U.S. overall: 8.4%P CT overall: 13%P CT White: 10%P CT Black: 18%P CT Hispanic: 12%P CT low inc: ~ 18%* *statistically significant Hospitalization for children asthma as primary dx.: CT overall: 18.9/10,000P CT White: 11/10,000P CT Black: 46/10,000P CT Hispanic: 31/10,000 No significance test performed
1	Pediatric ambulatory sensitive condition composite			Prevention Quality Indicators Hospitalizations PEDIATRIC: CT overall: 132/100KP CT White: 73/100KP CT Black: 328/100KP CT Hispanic: 175/100K Based on DPH Prevention Quality Indicator Report which follow AHRQ method No significance tests performed
1	Adult ambulatory sensitive condition composite			Prevention Quality Indicators Hospitalizations ADULTS: CT overall: 1365/100KP CT White: 1525/100KP CT Black: 2146/100KP CT Hispanic: 1091/100K Based on DPH Prevention Quality Indicator Report which follow AHRQ method No significance tests performed
1	Potentially avoidable ER rate			Racial and ethnic disparities in ER visits for diabetes and asthma, SIM Plan p.29
1	Annual dental visit – Medicaid and CHIP			Racial and ethnic disparities in dental decay, SIM Plan p.26
2	All cause unplanned admissions for diabetes mellitus		36	Diabetes care quality prioritized in SIM Plan p.55P racial and ethnic disparities in diabetes, SIM Plan p.26 Diabetes in adults: CT overall: 6.4%P CT white: 5.7%P CT Black: 14.9%*P CT Hispanic: 10.5%*P CT low inc: 12.3% Premature mortality from diabetes (males): CT overall: 134/100KP CT White NH: 119/100KP CT Black NH: 261/100KP CT Hispanic: 178/100K Premature mortality for diabetes (females): CT overall: 72/100KPCT White NH: 60/100KP CT Black NH: 175/100KP CT Hispanic: 102/100K
2	Diabetes medical attention for nephropathy	0062		Diabetes care quality prioritized in SIM Plan p.55, racial and ethnic disparities in diabetes, SIM Plan p.26 Diabetes in adults: CT overall: 6.4%P CT white: 5.7%P CT Black: 14.9%*P CT Hispanic: 10.5%*P CT low inc: 12.3% Premature mortality from diabetes (males): CT overall: 134/100KP CT White NH: 119/100KP CT Black NH: 261/100KP CT Hispanic: 178/100K Premature mortality for diabetes (females): CT overall: 72/100KPCT White NH: 60/100KP CT Black NH: 175/100KP CT Hispanic: 102/100K