

# Quality Improvement Activity within the PCMH/PCMH+ Practices

Care Management Subcommittee Meeting  
July 9, 2025

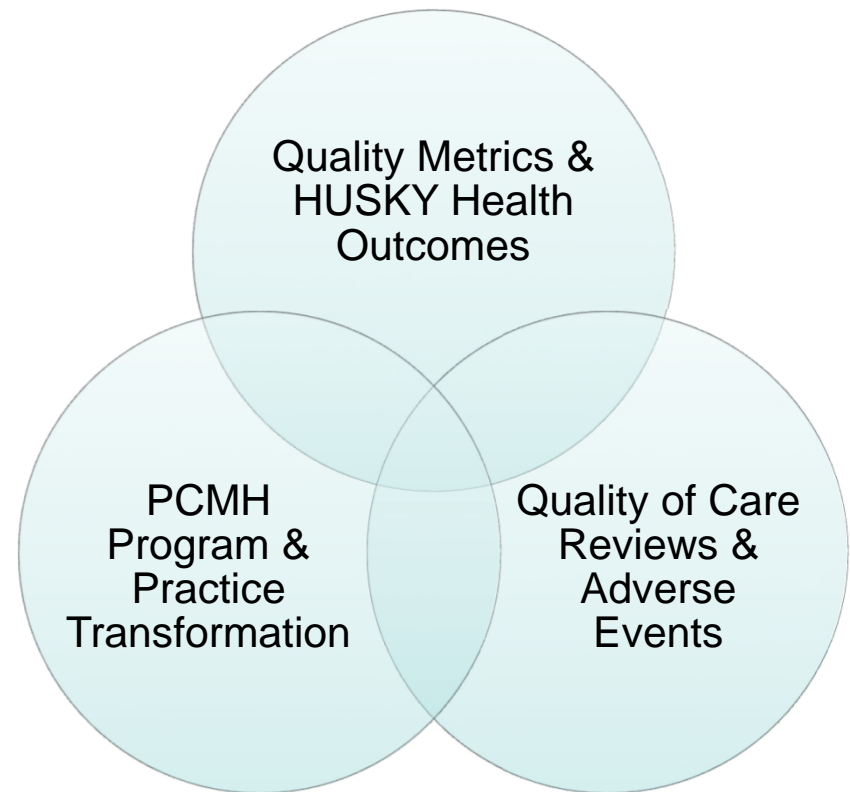


# Overview of CHNCT's Quality Management (QM) Program & Structure

## QM Program

- Designed to assure that the CT Medicaid beneficiaries are getting high-quality care that is patient-centered, safe and accessible
- Process
  - Committees and workgroups
  - Quality Improvement (QI)
    - Continuous Quality Improvement – Plan-Do-Study-Act (PDSA) model
  - Annual QM Work Plan
    - Data driven focus areas
    - Evidenced Based Guidelines & interventions
    - Health Equity & SDOH
    - Organization-wide
  - Adherence to national quality and regulation standards

## QM Components





# The PCMH Program and Team

- DSS Person-Centered Medical Home (PCMH) practices must adhere to national PCMH standards and metrics to obtain/maintain recognition.
  - National Committee for Quality Assurance (NCQA) is the national organization
  - Specific Core standards around QI activities and measurement
- The PCMH Program Team
  - PCMH Program Administrator/Team Lead, Clinical Practice Transformation Specialists (CPTS) and Primary Care QM Network Liaison
  - Annual training on NCQA PCMH standards, practice transformation and QI
  - Active participants in the QM work plan goals and interventions, QI work group meetings and subgroups, and the HEDIS® chart retrieval, abstraction and auditing
  - Works along side the QM Health Outcomes RNs and QM Program Manager on closing gaps-in-care
  - Informs practice groups of CHNCT internal support programs such as care management, care coordination, utilization management, and CHW referrals

# PCMH QI Activity Process – Practice Contact

## ■ Contact with Practices

- Performance rates from the practice's Annual Profile report, claims and practice's EHR reports are reviewed annually during Q1.
- CPTS staff are required to meet with their assigned practices (FQHC/PCMH/Glide Path) at least quarterly; however, many practices request monthly meetings.
- The CPTS assists the practice in selecting measures to improve for the calendar year.
  - A practice may select to work on a measure to meet their QI requirements for PCMH recognition.
  - Selected measures are considered 'engaged measures'
  - Practices that are performing below the 50<sup>th</sup> percentile on a measure are *strongly* encouraged to select that measure
- Measure resources, best practices, and improvement recommendations are shared with the practices.
- Practices may choose not to engage in QI due to limited resources, staffing issues, or lack of incentive associated with a measure.



# PCMH QI Activity Process – Tracking and Monitoring

## ■ Measure Tracking

- The CPTS monitors the practice's selected measures, rates, processes, and planned practice interventions.
- Any barriers to intervention implementation are discussed and troubleshoot.
- The CPTS reviews the practice's rate progress during each QI meeting and works with the practices to identify additional opportunities to improve.
- The PCMH Administrator monitors the tracking log monthly

## ■ Dashboard Review

- CHNCT has developed an internal dashboard that provides current year-to-date measure rates with only a two month claims lag.
- The dashboard rates are reviewed with the practices at each QI meeting.
- Current measure rates are provided to the practices along with rates from the same period the prior year.

# Dashboard Behavioral Health Screening Measure

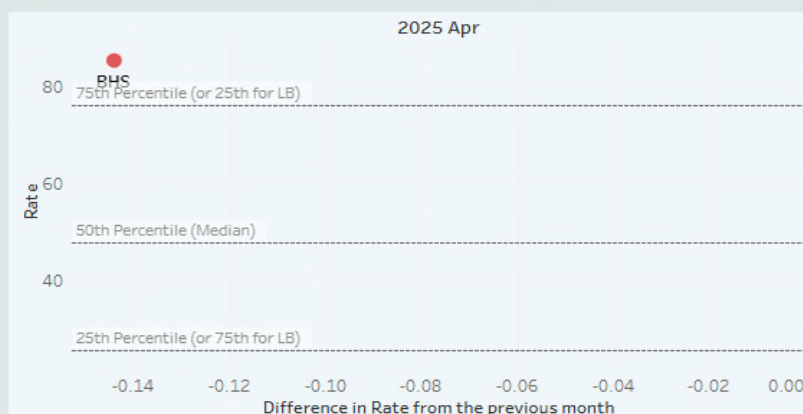
## SELECTED MEASURE: Behavioral Health Screening (Ages 1-18)

The percentage of members 1-18 years of age who received an annual behavioral health screen within the 12 months prior to their birthday.

### Monthly Rate Trend



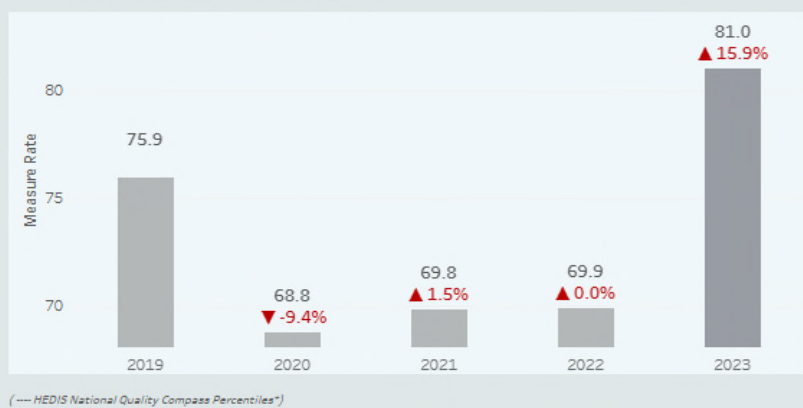
### Practice Rate & CMAP Percentiles (latest YTD month)



### Monthly Rate Trend by Race/Ethnicity



### Annual Rate Trend w National Percentiles



# Dashboard Controlling High Blood Pressure Measure

## SELECTED MEASURE: Controlling High Blood Pressure (HEDIS® MY2024) Hyb

The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

### Monthly Rate Trend



2025 2024 2023

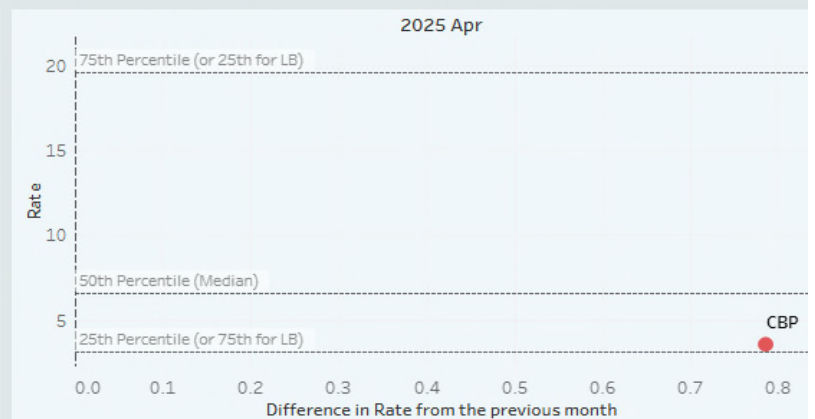
### Monthly Rate Trend by Race/Ethnicity



White Black Hispanic

(Multiple values)

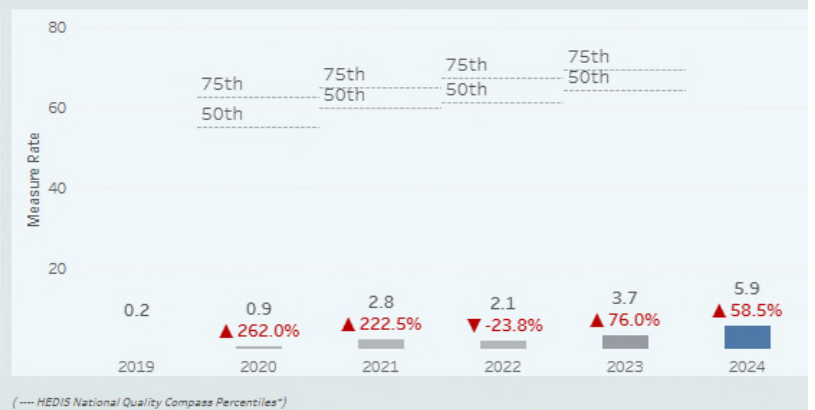
### Practice Rate & CMAP Percentiles (latest YTD month)



CPTS Engaged

NOTE: Only practices w/ Min. Denominator >= 10 are shown

### Annual Rate Trend w National Percentiles



# CPTS Practice QI Engagement

## ■ Measurement year (MY) 2025 QI Activity Summary<sup>1</sup>

	Total	FQHC	PCMH	Glide Path
Contacted Practices	100	15	80	5
Engaged Practices	94	15	74	5
Engagement Rate	94%	100%	93%	100%

## ■ Measurement year (MY) 2024 Preliminary Results

- 90 engaged PCMH practices (increase of 21 practices from 2023)
- Improved 37 different measures
- Overall, a 3% - 57.5% net rate increase was demonstrated

<sup>1</sup> Results reflect Q.I. activity from January 1, 2025, to May 30, 2025.



# List of Quality Measures for QI

Annual Fluoride Treatments (Ages 1-6)

Appropriate Testing for Pharyngitis

**Asthma Patients with One or More Asthma-Related  
Emergency Room Visits (Ages 2-20)**

Asthma Medication Ratio

**Avoidance of Antibiotic Treatment for Acute**

**Bronchitis/Bronchiolitis**

**Behavioral Health Screening (Ages 1-18)\***

**Breast Cancer Screening**

Cervical Cancer Screening

**Child and Adolescent Well-Care Visits\***

Childhood Immunization Status

Chlamydia Screening in Women

Colorectal Cancer Screening

**Controlling High Blood Pressure**

**Developmental Screening In the First Three Years of  
Life\***

**ED Visits per 1000 MM**

**Eye Exam for Patients with Diabetes\***

Follow-Up Care for Children Prescribed ADHD Medication

**Glycemic Status Assessment for Patients With  
Diabetes**

**Immunizations for Adolescents\***

Initiation and Engagement of Substance Use Disorder

Treatment

**Kidney Health Evaluation for Patients with Diabetes\***

**Lead Screening in Children**

**Metabolic Monitoring for Children and Adolescents on  
Antipsychotics**

Oral Evaluation, Dental Services

Pharmacotherapy for Opioid Use Disorder

Post-Admission Follow-up Within Seven Days of an  
Inpatient Discharge - Physical Health and Behavioral  
Health

**Prenatal and Postpartum Care**

Psychiatric Medication Management

Readmissions within 30 Days

**Use of Imaging Studies for Low Back Pain**

Use of Opioids at High Dosage

Weight Assessment and Counseling for Nutrition and

Physical Activity for Children/Adolescents

Well-Child Visits in the First 30 Months of Life - Well-Child

Visits for age 15 Months-30 Months

Well-Child Visits in the First 30 Months of Life - Well-Child  
Visits in the First 15 Months

Bold text identifies the performance/challenge quality measures for the PCMH or PCMH+ programs

\* Shared quality measures with PCMH & PCMH+ programs



# CPTS QI PCMH Practice Example



## QI Example - Lead Screening in Children (LSC)

- Measure Description: The percentage of members 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
- Data trends were reviewed and analyzed based on geography, race/ethnicity, practice type and practice location.
- The QM nurses worked with CPTS team to develop interventions to improve the lead screening rates within the low-performing practices.
  - Monthly emails were sent to all heads of households of children turning two years old in 2024 that did not have a lead screening claim. The email explained the importance of lead screening and included a link to the CT DPH Lead Poisoning Prevention parent website.
  - Social media campaigns



# CPTS QI Work with Practices for LSC

- The CPTS team worked with the identified low-performing PCMH practices to increase lead screening rates through quality improvement (QI) activities, including,
  - Targeting members who were non-compliant with the measure criteria and remained in the denominator prior to their second birthdates,
  - Developing interventions with the practices to get members in for screenings to improve the measure rate
  - Providing LSC resources
  - Discussing evidence-based guidelines and best practices from high performing practices in this measure
  - Reviewing rates and discussing interventions for the possible need for changes to lead to improvement
- Gap in Care reports were monitored and sent to the practices quarterly to get members into care for their lead screenings

# Results of LSC Outreach



- The CPTS team worked with the select practices over three years
- Each year the rates increased for all three practices

## **HEDIS® LSC Admin Rate: Top Three Low Performing Practices**

Source: CHNCT Data Warehouse

Practices	MY 22 Admin Num	MY 23 Admin Rate	MY 24 Admin Rate	% Change
PCMH Practice #1	28.46%	46.51%	98.15%	111.02%
PCMH Practice #2	64.03%	80.13%	89.41%	11.58%
FQHC PCMH Practice #3	70.23%	75.92%	84.58%	11.42%
Totals	59.28%	72.36%	89.00%	23.00%

# QI Example - Lead Screening in Children (LSC)




Quality Improvement

## HEDIS® MY 2024 TIPS (To Improve Performance Sheet): Lead Screening in Children (LSC)

### Importance of Quality Measure

Exposure to lead, a neurotoxin, can seriously harm a child's health by causing brain and nervous system damage, impaired growth and development, and hearing, speech, and behavioral problems. Healthcare providers play an important role in preventing lead poisoning by identifying children at higher risk, testing blood lead levels, and connecting families to follow-up services.<sup>1</sup> In the United States, lead poisoning rates have reduced drastically over the last 30 years, but health inequities still exist across racial, ethnic, and socioeconomic status.<sup>2</sup> The Center for Disease Control and Prevention (CDC) noted that no level of lead is deemed safe for children, and updated the clinical guidelines for blood lead levels (BLLs) starting at 3.5 µg/dL to intervene sooner, especially in communities with higher prevalence.

This quality metric is recognized by several national quality improvement measure stewards, and supports an objective of the *Healthy People 2030* initiative developed by the U.S. Department of Health and Human Services and the Office of Disease Prevention and Health Promotion.



### Quality Measure Description

The percentage of children two years of age who had one or more capillary or venous lead blood test for lead poisoning on or before their second birthday.

*HUSKY Health wants to help you increase your lead screening rates and improve health outcomes for your HUSKY Health patients. Adherence to this measure is determined by claims data, as well as by medical record review.*

#### \*Code for Lead Screening

CPT CODES
83655

[References:](#)

<sup>1</sup> Centers for Disease Control and Prevention. (January 2023). Childhood Lead Poisoning Prevention. Healthcare Providers. Retrieved from: <https://www.cdc.gov/nczod/lead/prevention/healthcare-providers.html>

<sup>2</sup> Centers for Disease Control and Prevention. (December 2022). Childhood Lead Poisoning Prevention. CDC updates blood lead reference value to 3.5 µg/dL. Retrieved from: <https://www.cdc.gov/nczod/lead/prevention/cdc-updates-blood-lead-reference-value.html>

\*Code sets are routinely updated. Please reference the current year's manuals when billing for services. Not all codes listed above are reimbursable. For a list of codes reimbursed by USS, please refer to the Physician Office and Outpatient Services Fee Schedule on the Connecticut Medical Assistance Program Website: <https://connectmcp.com>

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Measure Description

Applicable Codes

Purpose of the Measure

# QI Example - Lead Screening in Children (LSC)

Best-practice  
Initiatives

## **Quality Improvement Opportunities**

- Ensure proper coding of lead screening.
- Follow CMS requirements for Medicaid-enrolled children to be tested for lead at ages 12 months and 24 months, or between 24 to 72 months if they have not been previously screened.<sup>3</sup>
- Identify barriers to patients obtaining venous lead testing that have been ordered to improve compliance, if POC is not available in-office.
- Follow up with patients who have not completed venous lead testing orders.
- Develop clinical decision support tools in the EHR around lead screening and lead risk assessment questions.

## **Tools & Resources for Healthcare Professionals**

- CT DPH, Lead Poisoning Prevention Program for Medical Providers:  
<https://portal.ct.gov/DPH/Environmental-Health/Lead-Poisoning-Prevention-and-Control/For-Medical-Providers>
- CDC, Updates to Blood Lead Reference Value:  
<https://www.cdc.gov/lead-prevention/php/news-features/updates-blood-lead-reference-value.html?>
- CT General Statutes Sec. 19a-111g, Pediatric screening and risk assessment for lead poisoning. Duties of primary care provider: [https://www.cga.ct.gov/current/pub/chap\\_368a.htm#sec\\_19a-111g](https://www.cga.ct.gov/current/pub/chap_368a.htm#sec_19a-111g)

## **Resources for Patients & Families**

- CT DPH, Lead Poisoning Prevention Program for Parents:  
<https://portal.ct.gov/DPH/Environmental-Health/Lead-Poisoning-Prevention-and-Control/For-Parents>
- CT DPH, Lead Poisoning Prevention Fact Sheet:  
[https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/environmental\\_health/lead/Educational-Packets/Lead-Poisoning-Prevention-and-Nutrition062619.pdf](https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/environmental_health/lead/Educational-Packets/Lead-Poisoning-Prevention-and-Nutrition062619.pdf)

## **Additional Information on HUSKY Health**

For information on quality improvement, quality measures, or the programs and services made available through the HUSKY Health program:

- Visit: <https://portal.ct.gov/husky>, click "Information for Providers," then "Health Measures" under the "Reports & Resources" menu item.
- Email: [Quality@chnct.org](mailto:Quality@chnct.org)
- Call: 1.866.317.3301

Tools and Resources for  
Providers and HUSKY  
Health Members

<sup>3</sup> Medicaid.gov. (n.d.). Lead Screening. Retrieved from: <https://www.medicare.gov/medicaid-benefits/early-and-periodic-screening-diagnostic-and-treatment-lead-screening/lead-screening>

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# Care Management Committee Follow-up Questions





# What types of practices engage with the CPTS team for QI?

## ■ Engagement by practice type for at least one measure

- Many types of practices engage in QI
- There are CHCs and larger health system practices
- There are community-based practices in both rural and urban areas
- There are Adult & Pediatric practices

## ■ PCMH+ practice engagement

- PCMH+ has 25 community-based PCP practices & 10 FQHC PCP practices
  - 10 FQHC practices are engaged in QI
  - 22 PCMH practices are engaged in QI



# Which measures do practices choose to engage for QI?

- **The practices may annually qualify for as many as 48 measures**

- Practices must have 30 patients in the denominator to qualify for a measure
- Measure selections are made based on the following:
  - QI activities to meet NCQA PCMH annual reporting requirements
  - Low performance rates
  - PCMH performance-based payments (11 measures)
  - Focus or interest of the practice for improvement specific to their patients' needs
  - Guidance from the CPTS team following the annual performance review

- **Practices choosing to work on lowering ED rates & Readmission rates**

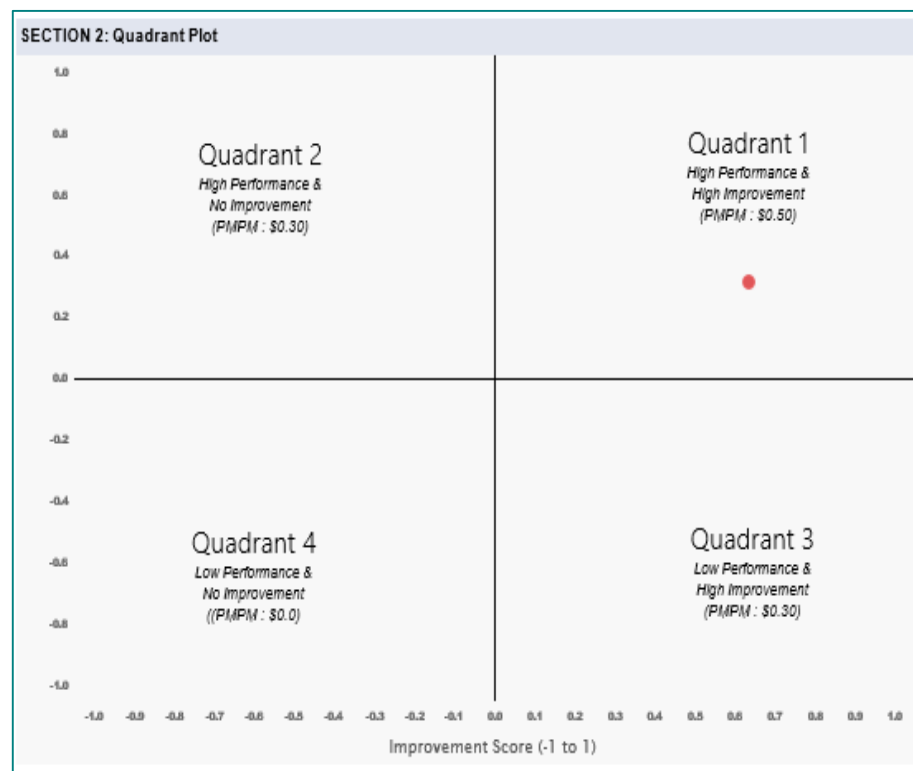
- There are currently 8 practices working on lowering ED visit rates
- There are currently 9 practices working on lowering their readmission rates

# What measures are most frequently chosen for engagement?

Measure Name	# of Practices Engaged
Behavioral Health Screening (Ages 1-18)	64
Child and Adolescent Well-Care Visits Total	61
Lead Screening in Children	52
Developmental Screening In the First Three Years of Life	49
Immunizations for Adolescents - Combo 2	48
Asthma Patients with One or More Asthma-Related Emergency Room Visits (Ages 2-20) *Lower Rate indicates a better result	46
Chlamydia Screening in Women	46
Breast Cancer Screening	32
Eye Exam for Patients with Diabetes	30
Controlling High Blood Pressure	26

# PCMH Performance Payment Program

- Community-based practices; FQHCs and Glide Path practices do not qualify
- There are 5 adult and 6 pediatric measures and two additional challenge measures
- **Performance** and **Improvement** components
- Performance measure results are compared to all other qualified CMAP practices, and then ranked as percentiles
- **Aggregate measure rates** for performance and improvement calculations are represented in a four-quadrant graph
- Each quadrant is assigned a 'per member per month' (PMPM) dollar amount
- Payments are made at the end of the year for the results of the previous calendar year.





# Is there movement of practices within the performance quadrants?

- In 2022, 85 practices qualified for at least one measure
- In 2023, 86 practices qualified for at least one measure
- Practice movement from 2022 to 2023:
  - 12 practices moved from Quadrant 2 to Quadrant 1 - **Improvement**
  - 3 practices moved from Quadrant 3 to Quadrant 1 – **Improvement**
  - 17 practices moved from 1,2, or 3 to Quadrant 4 – **No Improvement**
- A practice may not have necessarily “worsened” from the prior year, but may have been outperformed by other practices who had greater growth in their improvement/performance
  - This may have caused them to drop to a lower quadrant.
  - They could have performed worse than the previous year
- Fourteen of the fifteen practices that improved engaged with the CPTS team for QI on 1 to 7 of the PCMH performance measures.



# Questions