Incentives and Outcome Committee Subcommittee Scope and Deliverables

Quality and Efficiency Subcommittee	Payment Reform Subcommittee
Scope of Work Provide technical performance measurement and reporting expertise; make recommendations to the Board about and continually refine a set of common quality and efficiency standards that support the development of high performing local, regional, and statewide health systems and that can be used by the Oregon Health Authority as well as a wide range of purchasers, payers, providers, and consumers. The Committee's work will inform state policy-making as it relates to quality and efficiency. The Committee may also serve as a forum for the alignment of partner efforts to improve quality and efficiency via other strategies, such as by clinical quality improvement or delivery system redesign.	**Scope of Work** Produce recommendations for statewide payment reform, including payment reform principles, policy proposals and standards. Policy recommendations to the Board should include transparent payment methodologies that provide incentives for efficient, cost-effective, patient-centered care and reduce variations in the cost and quality of care. The Committee should strive to achieve broad consensus on principles and policy proposals for payment reform and take into account the needs of all Oregon payers, not just the Oregon Health Authority.
Triple Aim Vision <u>Improve population health by:</u> • Developing a complete picture of where Oregon is doing well and where there is room for improvement so that effective, targeted initiatives aimed at improving population health can be developed • Providing communities with information about resource utilization that is needed to make health planning decisions that maximize population health • Coordinating a statewide data-driven strategy to improve quality of and access to care <u>Improve the individual's experience of care by</u>: • Giving people the information they need to compare available health plans • Allowing health care consumers to make informed decisions about the providers they see based on the providers' quality and appropriateness for the care needed. <u>Reduce per capita costs by</u>: • Providing a clear picture of how resources are used in health care • Allowing for the identification of providers/regions providing cost-effective and high-value care and those utilizing more resources without better outcomes • Develop data to increase public accountability for how health dollars are spent • Giving providers the information they need to benchmark their performance, identify opportunities for quality improvement, and design effective quality improvement initiatives that allow for better health outcomes at a lower cost	**Triple Aim Vision** <u>Improve population health by:</u> • Developing payment reform proposals that could serve as the basis for coordinating a statewide data-driven payment strategy to improve the efficiency, quality and access. <u>Improve the individual's experience of care by</u>: • Developing payment strategies that explicitly incorporate measures of the individual and population experience of care. <u>Reduce per capita costs by</u>: • Developing payment strategies to reduce variations in care patterns and the provision of unnecessary care. • Developing payment strategies to increase public accountability for the way health dollars are spent. • Developing payment strategies to encourage competition between health plans and between providers based on the value of services provided and thus allowing health care purchasers to make informed purchasing decisions. • Developing payment strategies that encourage providers to benchmark their performance, identify opportunities for quality improvement, and design effective quality improvement initiatives that allow for better health outcomes at a lower cost.

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Quality and Efficiency Subcommittee	Payment Reform Subcommittee
Deliverables Short-Term Deliverables 1. **Core Measures (September 2010)** - A report to the Board recommending a set of core quality and efficiency measures that align with the work of the State Health Improvement Committee and the Patient-Centered Primary Care Advisory Committee, and other efforts (Quality Corporation). Measures should be based on nationally-validated metrics addressing variations in utilization and cost. The report may include: • Different measures for particular audiences (e.g. state, communities, clinical care providers) and uses (e.g. consumer engagement, performance monitoring). • Recommendations for initial and future data sources and levels of reporting by geography and/or provider level. • Strategies for implementation of the core quality and efficiency measures inside and outside the OHA. • A process and cycle/timeline for changes or additions to the initial set of recommended measures. 2. **Initial Performance Dashboard and State Scorecard (January 2011)** – After Board adoption of key measures, the Committee will work collaboratively with the Public Purchasers Committee and other partners to create an initial OHA performance dashboard and with the State Health Improvement Committee and other partners on an initial state health scorecard. Long-Term Deliverables 1. **Quality Improvement Assessment (June 2011)** - A report examining OHA data on utilization, outcomes and cost, and including recommendations to the Board about areas for attention or improvement by procedure, condition and/or geography. 2. **Oregon Health System Scorecard (December 2011):** In concert with the quality improvement assessment above, develop an Oregon Health Systems Scorecard that includes key quality, cost, and efficiency metrics for the health system as a whole. The scorecard will include geographic and provider-level analysis where statistically appropriate.	**Deliverables** Short Term Deliverables 1. **Principles for Payment Reform (June 2010)** – a short list of principles that outline the goals to be achieved through payment reform. 2. **Short-term Payment Reform Strategies (Fall 2010)** – a report outlining achievable payment reforms in the next 1-2 years. Such a report may include: • Description of current payment policies in Oregon by payer and provider type. • Proposals for changes in payment achievable in the next 1-2 years that move towards the triple aim goals above, including plans for testing of new payment models. • Specific recommendations for implementation of short-term payment reform strategies. 3. **Long-term Payment Reform Strategies (Fall 2010)** – a report outlining a long term vision for payment of health care services in Oregon. Such a report may include: • Description of a long-term comprehensive approach to payment reform and desired payment policies achievable in the next 5 years. • Recommendations for implementing long-term payment strategies. • Recommendations for data needed to support long-term payment reform. Long-Term Deliverables 1. Future activity of the payment reform subcommittee would focus on: • Revising the above recommendations based on the availability of new data and measures, such as the Oregon Health Systems Scorecard and Oregon State Health Improvement Plan. • Overseeing convening of stakeholders to discuss multi-payer approaches to payment reform. • Evaluation of payment reform pilots and reporting of results.

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Quality and Efficiency Subcommittee	Payment Reform Subcommittee
Workplan (Deliverables in Bold)	**Workplan (Deliverables in Bold)**
Full Committee Meeting – April 8th, 2010 Introductions, Overview of Scope of Work and Subcommittee Charters	
Meeting #1 (April 29th, 2010) 1. Introductions 2. Discussion of deliverables, timelines and scope of work o Opportunities and constraints in federal health reform 3. Methods and approaches for the subcommittee's work o Examples of products and approaches to quality measurement, standards, and reporting o Discussion of proposed Oregon approach (framework and principles for measurement) 4. Overview of proposed workplan o Interaction and coordination with other Health Policy Board Committees and external partners 5. Information or education needs of the subcommittee Interim work ▪ Staff provide information or education as requested by subcommittee members	Meeting #1 (April 29th 2010) 1. Introductions 2. Presentation of payment reform strategies and approaches • General Background on payment methods • Case studies: MA and MN – how they did the work and what they accomplished • Emerging opportunities o Federal payment reform opportunities 3. Discussion of Payment Reform Principles 4. Discussion of deliverables, timelines and scope of work 5. Information or education needs of the subcommittee Interim work ▪ Staff provide information or education as requested by subcommittee members
Meeting #2 (May 13th, 2010) **1. Revise framework and principles as necessary; send to full committee for discussion** 2. Discussion and identification of measurement priorities o Measurement domains (e.g. safety, health outcomes, patient experience, etc.) o Measurement types (process, outcome, etc.) and levels (whole system, specific providers or provider types, etc.) o Measurement uses (e.g. consumer engagement, performance monitoring) and audiences o Standards and benchmarking 3. Specific suggestions and discussion of current and potential future measures, data sources, and standards o Small groups? Interim work ▪ Further generation and specification of metrics and data sources by small groups (?) and staff, including consultation with other Health Policy Board committees and external partners ▪ Staff provide information or education as requested by subcommittee members	Meeting #2 (May 13th, 2010) **1. Revise Payment Reform Principles and send to full committee for discussion** 2. Discuss current methods of payment by sector and approaches to short and long term payment reform: o Hospital Care and Emergency Care o Specialty Care 3. Discuss short and long term goals 4. Discuss advantages and barriers to payment reform approaches 5. Discuss data needs to support payment reform Interim Work ▪ Development of initial payment reform straw plans ▪ Staff provide information or education as requested by subcommittee members
Meeting #3 (June 10th, 2010) 1. Continue discussion of measurement priorities 2. Continue discussion of current and potential future measures, data sources, and standards **3. Assemble draft list of core standards; send to full**	Meeting #3 (June 10th, 2010) 1. Discuss current methods of payment by sector and approaches to short and long term payment reform: o Primary Care o Other areas (e.g. radiology, lab, medications)

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Quality and Efficiency Subcommittee	Payment Reform Subcommittee
committee for discussion	2. Discuss short and long term goals 3. Discuss advantages and barriers to payment reform approaches 4. Discuss data needs to support payment reform
Full Committee Meeting – July 10th, 2010 Discuss Payment Reform Principles and Framework and Principles for Measurement Discuss Draft List of Core Quality and Efficiency Standards	