Oregon Incentives & Outcomes Committee
Meeting Summary
April 8, 2010
2 – 5 p.m.

Committee Members in Attendance
Denise Honzel, Co Chair
John Worcester, Co Chair
Bart McMullan (by phone)
Glenn Rodriguez
Chris DeMars
David Dorr
Steve Jasperson
David Labby (by phone)
William Olson
Morgan O'Toole
Sujata Sanghvi
Rick Wopat
Seth Bernstein
Nancy Clarke
Ken House
Mary Minniti
Jim Russel (by phone)
Jim Russell
Rachel Solotaroff, MD
Thomas Syltebo, MD

OHPR and OHA Staff in Attendance
Tina Edlund
Jeanene Smith
Gretchen Morley
Rob Stenger
Lisa Angus
Lynn-Marie Crider
Nicole Merrithew
Marion Blakenship
John Britton

Committee Members not in Attendance
Stephanie Dreyfuss
Megan Haase
James Kahan
Robert Marsali
William Murray

Laura Etherton
Brett Sheppard, MD
David Schlactus
Joe Zaerr

Public Comment
Members of the general public who were present did not offer comment.

Meeting Summary (**Committee actions or decisions in bold**)

The meeting began at 2:05.

Group introductions.

Jeanene Smith gave an overview of Health Fund Board process and the goals of the new Oregon Health Authority and how those fed into the scope of work of the Incentives & Outcomes Committee. The Committee's scope of work includes:

- high standards for health quality, efficiency, costs
- trusted and transparent information to guide decisions of health care purchasers, providers and consumers
- drive system innovation towards new models and better health
- continuous improvement in the health care system towards triple aim goals

The Committee should consider particular strategies within that scope, with some direction coming from HB2009 and federal health reform.

- measures and standards
- comparative effectiveness
- identification of high value services
- development of PCPCH and accountable care organizations
- payment reform
- multi-share community insurance models

Mike Bonetto, one of the Committee's liaisons to the Health Policy Board, thanked the members for their participation and gave some background on how the Board is thinking about the Committee's work:

- The work is not to create things from scratch but rather to build on the Health Fund Board, HB 2009, and the idea of the triple aim.
- The Committee will need to think about the effects of federal reform on its work and how best to align Oregon and federal efforts. At first blush, it seems that the federal legislation is focused largely on coverage. If coverage is taken off Oregon's plate to some degree, we should be able to pay attention to some more pressing issues that fall within the scope of this committee, such as how to recreate the delivery system in order to get more value for the money we're spending.

- Cost containment – there are many of the committees and taskforces whose recommendations will affect costs directly or indirectly and all are moving simultaneously. This Board will want to know how the recommendations of the Incentives & Outcomes committee will impact cost, so keep that in mind as the work evolves.
- Oregon reform has a LOT of moving parts; the Board is trying to make sure that everyone understands the dependencies and that we don't duplicate efforts. We want to create synergy instead, so sharing information and materials should be at the forefront of the Committee's considerations.

There was a brief discussion of timelines for the work of all the Health Policy Board committees. Some of the timing is dependent on federal reform, which is still being analyzed. To the extent that the Committee's work requires statutory language changes, the legislative timeline is also one to consider. Apart from that, it is up to the Board to send policy changes down to OHA to implement in the populations that it is responsible for. In the short-term, the Committee should be directed by HB 2009 and the deliverables that the Board is responsible for producing. But the Committee should also do long-term visioning of how get Oregon to where we want to be. Tina Edlund clarified that this body is a permanent standing Committee of the Board, so the work does not stop after the short-term deliverables.

Gretchen Morley gave an overview of federal reform in three areas: population health, delivery system reform, and coverage. Comments related to the delivery system reform provisions included the following:

- OHSU recently received $6M in ARRA funds to train HIT professionals
- It would be helpful to know which of the CMS Innovation Center findings might affect the private market
- HHS will set minimum standards for the Medicaid patient-centered medical home demonstrations but states should have some flexibility around medical home definition.
- With all opportunities, the approach will be to look at what Oregon wants to do, then see what federal opportunities exist to support that work

Comments related to the coverage provisions included the following:

- Oregon intends to keep operating its high-risk pool (OMIP) alongside the temporary national one.
- It is difficult to project how many low-income individuals might remain uninsured even after reform; it is possible that people whose employers don't offer coverage and who get an affordability exception to the individual mandate may remain uninsured. However, the benefit package, sliding subsidies, and cost-sharing protections must be considered too because there may be packages in the exchange that would cost less than the 8% of income affordability cut-off.

Overall comments and questions included the following:

- The federal bill does not contain many strong cost containment provisions; much of that work is left to state innovation and experimentation in the form of demonstrations. The CMS Innovation Center was generously funded ($10B for 10 years) so that may be a source of funds to help evaluate experiments.
- The law did not make any significant changes related to paying for health improvement (rather than sick care) through Medicare and Medicaid. However, there are several health improvement demonstrations for those programs and populations.
- Despite lawsuits from other states, Oregon is not second-guessing the federal law. It complements what Oregon was trying to do and gets the state there faster in some areas, like coverage.

Gretchen Morley reviewed the scope of work and deliverables for the two subcommittees. On the quality and efficiency side, she noted that there will be a large amount of overlap and coordination with the Health Improvement Plan and Public Purchasers Committees. Comments in subsequent discussion included the following:

- Initial subcommittee work will be to clarify priorities and set goals
- Implementation of the Committee's initiatives or recommendations will happen within OHA because that's where staff resources are. However, the Committee will have a role in directing the work and will seek information on results, best practices, and unresolved questions to relay to the Health Policy Board.
- There is a need for clarification around terms like dashboard and scorecard.

Glenn Rodriguez, Chair of the Quality& Efficiency subcommittee, noted that the timelines were aggressive. He suggested that the Committee would need to look at models of staff doing education for members between meetings and that members would need to commit to working individually and in groups outside of its meetings. OHA has had success with doing educational webinars for Health Policy Board members in between their meetings.

Bart McMullen, Chair of the Payment Reform subcommittee, suggested that members use a modified version of Time magazine's read, toss, or scan method to approach their work: touch on things you agree with; spend more time on things you don't agree with and ask why; and look for things that surprise you. The Committee must be goal-based and principle-driven, and only then can it get to recommendations.

The role of Committee staff is to provide members with the information and resources they need, to synthesize what they hear from the Committee and feed it back, to do some of the policy analysis and to develop tools. For the time being, staff communication should go through Gretchen Morley. The request was made that that staff not overwhelm Committee members with materials and that they ask succinct and narrow questions when seeking comment. It was suggested that mini task groups be

used between meetings to divide the work and assign clear responsibility for specific pieces, as was done with the Patient-Centered Primary Care Home workgroup.

There was a discussion of whether the Committee's focus was practical or aspirational. While this issue will be part of the Committee's ongoing discussions, the Health Policy Board and OHA do want what they can get now – there is a sense of urgency about moving this work forward. But keeping long-term goals and results clearly in mind is important so that the short-term work moves in a productive direction. The Patient Safety Commission was mentioned as one model for combining the practical and the aspirational; it set an aspirational long-term (North Star) goal and then chose short-term measures underneath that.

The Committee had a short conversation about Oregon projects relevant to its work (e.g. the All-Payer, All-Claims database, the Health Information Technology Oversight Council, etc.) and how to learn more about those projects and other topics. Webinars were suggested and Tina Edlund noted that the Board webinars were using a just-in-time model so that Board members are not getting information until they are ready to use it. It was suggested that staff schedule a regular time for any webinars and that they be archived to allow later playback.

The Committee proceeded to a review of its draft bylaws and noted the need for several clarifications or changes, including:

- Clarifying the initial term of office for non-Chairs and staggering appointments or allowing for re-appointments so that the Committee doesn't lose everybody at two years
- Changing the language to Co-Chairs rather than Chair and Vice-Chair
- Clarifying phone participation and prohibiting electronic voting
- Taking out the Executive Director language, which is a hold-over from the Health Fund Board

In response to a question about public meeting law, staff clarified that meetings are usually all open to the public and that email conversations with a quorum of Committee members are also subject to public meeting law. Meetings of a small subset of members that do make decisions (e.g. mini task-groups to do work in between Committee meetings) are considered staff advisory committees and so are not public.

Gretchen Morley noted that plans for stakeholder and public engagement are currently in development at the Health Policy Board level and that staff are looking for time points that make sense given the Board and Committee timelines. She asked that Committee members pass along any suggestions they might have.

No public comment was offered at the meeting was adjourned at 4:40pm.