Health Incentives & Outcomes Committee
Quality & Efficiency Subcommittee

Meeting Summary – DRAFT
April 29, 2010
3 – 5 pm

Subcommittee members in attendance
Glenn Rodriguez, Chair, Quality & Efficiency Subcommittee
Seth Bernstein
Nancy Clarke
Dan Clay
Laura Etherton
Ken House (phone)
James Kahan
Mary Minniti
Jim Russell
Rachel Solotaroff
Thomas Syltebo
Joe Zaerr

Staff in attendance
Lisa Angus
Nicole Merrithew
Gretchen Morley (phone)

Subcommittee members not in attendance
Brett Sheppard

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

Dr. Rodriguez convened the meeting at 3:05.

Group introductions.

The subcommittee reviewed its scope of work and deliverables, as outlined in a side-by-side document showing the payment reform subcommittee work as well. Key points from this discussion included:

- The measures developed should be meaningful in the context of many different payment systems
- The measures developed should be attainable given the current, real-life model of care but should also help map the system toward new models of care.
- Measures of quality should be able to be converted into variables that are meaningful to patients.

- While the subcommittee is linked to the payment reform subcommittee, its work is not bound by payment reform. The quality & efficiency subcommittee should identify some measures that can inform and complement the payment reform work but it also has a broader role in helping the Health Policy Board measure if it is heading in the right direction in terms of its "blueprint" for health.

The subcommittee then reviewed working documents including a draft logic model for the group, a set of proposed principles for measure development, and a comparison of the quality domains/topic areas outlined by groups like the Institute of Medicine or contained in reports like The Commonwealth Foundation's state scorecards. Key points in this discussion included:

- The logic model needs more specificity regarding actors and intended outcomes. In addition, since patients and the public are unlikely to engage well with a logic model, it would be helpful to be able to describe the subcommittee's work and purpose in patient-friendly terms.
- The subcommittee would find it helpful to have a short, concrete list of intended uses for the measures it develops.
- The subcommittee's scope is not just clinical; its work should help address the Health Policy Board's basic need to know how well it and the Oregon Health Authority are doing, and how healthy the population and the health delivery system are. Areas of overlap and coordination with the Health Improvement Plan are still being discussed.

A small group of subcommittee members volunteered to make some revisions to these documents for the full group to review at the next meeting.

Gretchen Morley (OHPR) asked the subcommittee about specific educational or informational topics that would help the subcommittee set priorities and accomplish its work. Subcommittee members expressed a desire to learn more about the following topics:

- The statewide all-payers, all-claims database scheduled to be up in the fall
- The depth of HEDIS quality and efficiency measures
- The Vermont-Oxford Network's quality improvement work in NICUs
- The American College of Surgeons' quality improvement program
- The Commonwealth Foundation's 'Why Not the Best?' reports for hospitals
- Examples of outpatient quality improvement initiatives, like the Southcentral Foundation's work, or Jonkoping county (Sweden)

<u>Public Comment</u>

Kim Brees (spelling unverified) of Acumentra Health, the Medicare Quality Improvement Organization for Oregon, commented that the subcommittee's scope was very broad and suggested that it focus its work by dovetailing with quality measure sets that already exist, such as the Physician Quality Reporting Initiative (PQRI) or Q-Corp's measures.

Dr. Rodriguez adjourned the meeting at 4:50 pm.