DRAFT
Purpose & principles for development of Oregon health care quality & efficiency measures
Quality and Efficiency Subcommittee, OHPB

Purpose

The Quality & Efficiency Subcommittee will make recommendations to the Oregon Health Policy Board (OHPB) for a core set of quality and efficiency measures that will:

• Develop and optimize a quality and efficiency measurement framework to promote public accountability, inform public policy decisions, and drive broad-based clinical quality and efficiency improvements in Oregon's health care system	TIMEFRAME: ongoing creation & maintenance
▪ Provide a common framework for public - patients, families, and communities - to encourage and align partnership to improve health and ensure health equity;	TIMEFRAME: ongoing creation & maintenance
▪ Provide the OHPB, policymakers, and the public with a framework to evaluate the performance of Oregon's health system as a whole, via a statewide scorecard, and set goals for system improvement;	TIMEFRAME: initial scorecard Jan. 2011
▪ Provide the OHPB with a framework to monitor the performance of Oregon Health Authority (OHA) programs, via an OHA dashboard, and set future goals for program performance; o Note: OHA programs include Medicaid, Healthy Kids, Public Health, PEBB, OEBB, the Oregon Medical Insurance Pool (OMIP), FHIAP, and Addictions & Mental Health;	TIMEFRAME: initial dashboard Jan. 2011
▪ Provide the Public Health Care Purchasers Committee with a set of standards and measures to use in building OHA health care purchasing contracts;	TIMEFRAME: draft report in June; final in September
▪ Support the work of the Payment Reform subcommittee with measures to target potential payment reform initiatives	TIMEFRAME: as soon as possible

Approach

In developing measures, the subcommittee will endeavor to balance the following principles:

- Focus on what can be practically and usefully measured in the short term but also consider longer-term goals, so that the short-term work moves Oregon toward a redesigned healthcare system that produces optimal health for all;
- Make use of the best data sources and measurement methodologies that are currently available, while also identifying sources that may provide better information in the future (e.g. EHRs);
- Capitalize on previous quality and efficiency measurement initiatives (e.g., patient-centered primary care home standards)

- Collaborate and maximize alignment with the wide range of health care quality & efficiency stakeholders;
- Balance the benefit of collecting and reporting quality or efficiency information against the burden it may create for providers and healthcare systems;
- Prioritize transparency, both in the measures and standards identified as well as the process for identifying them;
- Provide meaningful information that is actionable by policymakers, consumers, communities, and other stakeholders;
- Ensure that its recommended metrics and standards:
    - Are nationally validated/approved (e.g. endorsed by NQF)
    - Allow for meaningful comparisons to other states or systems
    - Focus on outcomes (as opposed to process or structural measures) for individuals & populations
    - Allow for assessment of inequities

Sources Referenced: (1) Incentives & Outcomes Committee charter; (2) Oregon Health Fund Board Quality Institute Workgroup report to Delivery Systems Committee; (3) Consumer-Purchaser Disclosure Project: 7 Key Measurement Issues; (4) Minnesota Dept. of Health - final recommendations on quality measures for public reporting; (5) QualityCorp Guiding principles for health care quality measurement and reporting initiative.