

**Quality & Efficiency Subcommittee of the Health Incentives & Outcomes Committee  
Meeting Summary**

**May 13, 2010  
10:15 am – noon**

Subcommittee members in attendance

Glenn Rodriguez, Chair, Quality & Efficiency Subcommittee  
Seth Bernstein (phone)  
James Kahan  
Mary Minniti  
Jim Russell  
Thomas Syltebo  
Joe Zaerr

Incentives & Outcomes members in attendance

John Worcester

Health Policy Board members in attendance

Eileen Brady

Staff in attendance

Jeanene Smith  
Gretchen Morley  
Lisa Angus  
Nicole Merrithew

Subcommittee members not in attendance

Nancy Clarke  
Dan Clay  
Laura Etherton  
Ken House  
Brett Sheppard  
Rachel Solotaroff

Dr. Rodriguez convened the meeting at 10:15.

Group (re)introductions.

**The subcommittee approved the summary of its April 29<sup>th</sup> meeting.**

The committee received an update on the work of other Health Policy Board Committees and a report on a coordination meeting of all the Committee Chairs and

staff held on May 4<sup>th</sup>. Subsequent discussion focused on the relationship of the Incentives and Outcomes Committee to the other entities and key points included:

- The core measures and payment reform strategies developed by this committee (Incentives and Outcomes) need to be taken to the Public Employers Healthcare Purchasing Committee (via the full Health Policy Board) so they can consider how to incorporate those into contracts and purchasing strategies.
- The Health Policy Board's overall charge is broad, not constrained just to Oregon health Authority-covered lives. Common policies and requirements (contracting standards) are needed across all payers to be able to push system toward a level that works for consumers. Large, self-insured plans may be the next reasonable opportunity for implementation after publicly-administered programs.
- The Incentives & Outcomes Committee should play a strong role in integrating the work intended to improve health and healthcare in Oregon. Integration and synthesis around areas of common ground, particularly with the Health Improvement Plan committee, are keys to forward motion.

The subcommittee reviewed updates that had been made to its purpose and principles by a small group of members between meetings. The group made several additional edits, which will be reflected in the next version of the document. Key points made during this editing process included:

- System transformation—not just improvement—is a key goal
- The recommended measures should be an accessible resource for partnerships between patients, families, providers, employers, and communities to improve health. Helping individuals make better or more informed decisions about health or healthcare purchasing is a secondary aim only.
- Beyond the measures or standards, draft contract language or implementation principles would help to direct the work of the Public Employers Purchasing Committee.
- A relatively small, targeted number of core measures would be most useful; the group may want to consider sentinel measures that can be used as reasonable proxies for several others, or summary/composite measures.
- Once recommendations for core measures are developed, the group should also:
  - consider what groups beyond the Health Policy Board might need to review and legitimize them; and
  - specify implementation recommendations (who should collect and use the measures)

The committee looked at a draft framework for organizing proposed measures under Oregon's vision of the triple aim: improving lifelong health, increasing the quality, reliability, and availability of care; and lowering or containing the cost of care. Members organized themselves into three groups to draft initial proposals for metrics in three areas:

1. Quality/effectiveness and safety
2. Patient-centeredness, access, and equity

3. Cost & efficiency

Staff will work with each group and the groups' proposals will be discussed at the next subcommittee meeting on June 10<sup>th</sup>.

Staff asked that members let them know about meeting conflicts so that meetings can be rescheduled if needed.

Dr. Rodriguez adjourned the meeting at noon.