

**Oregon Health Policy Board
Health Incentives and Outcomes Committee, Quality and Efficiency Subcommittee
AGENDA**

June 10th 2010, 10:00 am – 12:00 pm

**Northwest Health Foundation
221 NW 2nd Ave, Bamboo Room
Portland, Oregon 97209**

#	Time	Item & Related Materials	Presenter(s)	Action Item
1	10:00	Welcome		
2	10:00	Approval of May 13 meeting summary	Glenn Rodriguez	X
3	10:10	Structure and process for measure development	Gretchen Morley Lisa Angus	
4	10:30	Initial proposals from interim work groups (20 minutes each): <ul style="list-style-type: none"> ▪ Patient-focused measures ▪ Cost & efficiency ▪ Effectiveness & safety 	Small group members	
5	11:30	Next steps for core measure selection/development	Gretchen Morley Lisa Angus	
6	11:45	Public Comment	Glenn Rodriguez	
7	12:00	Adjourn		

If you experience problems calling in, please call: Judy Morrow 503-373-1538 or Lisa Angus 503-779-6844.

Meeting Materials:

1. Agenda
2. May 13 meeting summary
3. Visual – structure of measures
4. Suggested next steps for small groups

Next Meeting: Thursday July 8, 2010, 10:00am - Noon

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

**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 29th 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 4th. 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

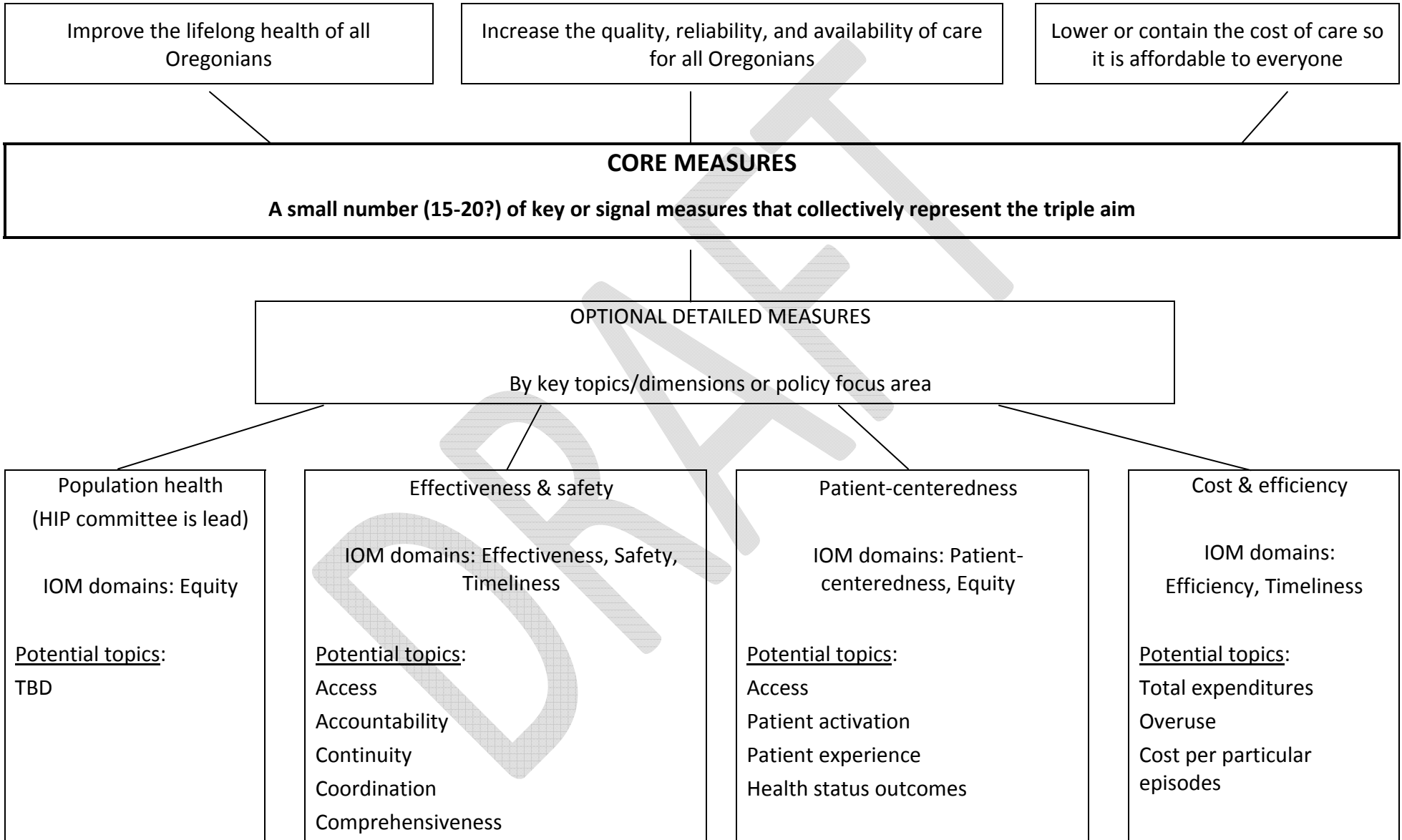
3. Cost & efficiency

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

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.

VISION
Triple Aim for Oregon:



Next steps for measure development in small groups

The goal for July 8 subcommittee meeting is to assemble a draft list of core measures that can be shared with other Committees and stakeholders. While that list may still be a work in progress, it should give others a clear sense of the Committee's direction.

To enable the subcommittee to get to that point on the 8th, small groups should continue to develop specific proposals for measures in their respective areas to bring to the July 8th meeting. Small groups may wish to consider:

- Scope
 - Are we missing any key domains or concepts?
 - Identify where key domains cross the small groups so work can be coordinated
- Levels
 - Which concepts or measures are important enough to rise to the level of a core measure and which might be listed complementary measures in a given area?
- What might the core measures look like?
 - Signal or sentinel measures for a given domain or concept
 - Index/summary/composite measures
 - Measures that cross domains or key concepts
- Subgroup membership
 - Does the subgroup need other or additional members? (Members are welcome to contribute to any subgroup but the expectation is that they participate on at least one.)

Key Topics by IOM Domain	Venues				
	Population (HIP Committee lead)	Primary Care	Specialty Care	Hospitals	Health Plans
Safety Accountability			Specialty society measures (e.g. NSQIP)	PSC Hospital benchmarks (e.g. infection rates)	
Timeliness					
Effectiveness Access Continuity Coordination Comprehensiveness		See PC ² measures in each area		Transition management	HEDIS Population reminders EHR meaningful use
Efficiency Cost Efficiency					
Equity					
Patient-centeredness Access Patient activation Patient experience Health status outcomes		Patient activation measure (PAM-13) CG CAHPS? E.g. Q-Corp measures <u>Short-term</u> - HbA1C monitoring - Lipid profile <u>Long-term</u> - HbA1C control - Lipid control	CG CAHPS?	Hospital CAHPS?	Health Plan CAHPS