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Proposed Oregon Core Quality & Efficiency Measures (Round 1)

Measure	Data Source(s)	Baseline data	Level*	Geography	Provider / facility	Race or ethnicity	SES	Rationale	Notes
ACCESS									
Proportion (un)insured	ACS / Oregon Health Insurance Survey (in development)		Pop	X		X	X	Coverage is an important component of access; measure also recommended by HIP committee	
Workforce capacity measure (e.g. primary care provider density) - consult with Workforce Committee	Oregon Workforce Database (OHPR)		Pop	X		X		Adequate workforce is an important component of access; measure also recommended by HIP committee	
? Measure of language access (e.g. PC^2 standard that primary care home communicates with patients in the language of their choice)									
? safety-net measure									
QUALITY									
Safety									
Safe practices measure: proportion of hospitals that have implemented practices to reduce surigical site infections (SCIP 1-3)	Oregon HAI reporting program		SC, Hosp		X	?		Oregon Patient Safety Commission Hospital benchmark; Oregon providers already required to report	
Central-line associated blood stream infections (CLABSI)	Oregon HAI reporting program		SC, Hosp		X	?		Outcome measure; Oregon providers already required to report; Medicaid to cease paying for HAIs in July 2011 and Medicare penalities for HAIs starting 2014	
Effectiveness									
Rate of hospital admission for ambulatory care-sensitive conditions (AHRQ prevention quality indicators) -- composite or select 1	OHPR - compiled from hospital discharge data		PC	?		?		Nationally recognized measure of effectivness of preventive services; also a measure of avoidable healthcare costs	
30-day all-cause hospital readmission following AMI, heart failure, or pneumonia hospitalization (CMS readmission measures)	Hospital discharge data		Hosp	X	X	?		Reflects quality of care within hospital and at transition; also a measure of avoidable healthcare costs; Medicare will reduce payments to hosptials with high readmission rates beginning FY2102	

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Breast cancer screening (HEDIS)	Provider-level Current: admin data (Q-Corp) Future: EHR Population-level BRFSS (population)		PC Pop					Widely reported currently; available at both population level (BRFSS) and compiled for many providers by Qcorp; required quality reporting for Medicare Advantage plans with bonuses for high-quality plans beginning FY 2012; Oregon has high incidence of breast cancer	
Control of high blood pressure (HEDIS)	Future: EHR		PC					Outcome measure; part of Qcorp expanded set; required quality reporting for Medicare Advantage plans with bonuses for high-quality plans beginning FY 2012	
Maintenance of up-to-date patient information incl. problem list, medication list, allergies, & demographics	Future: EHR		PC, SC					Aligns with CMS meaningful use and PC2 standards	
? Participation in relevant speciality quality improvement initiative (e.g. NSQIP, STS, Vermont Oxford)	TBD		SC, Hosp						Consult with OR participants re: a publicly-reportable measure from such initiatives
Patient-centeredness									
Degree to which patient and family were able to participate in decisions about care	Provider patient experience surveys		PC, SC, Hosp					Shared decision-making is a component of patient activation that reflects both provider and patient skills; shared decision-making measures exist in CG-CAHPS, NRC+Picker and Press-Ganey	
Patient-provider communication: how well the provider listens OR how well the patient is able to understand provider's responses to question (NRC+Picker measures)	Provider patient experience surveys		PC, SC, Hosp					Communication is key to patient activation, care coordination, etc.	CAHPS has a more general measure of "good communication" with provider, might be a substitute for NRC+Picker.
Patient health outcomes: general health status	BRFSS or Oregon Health Insurance Survey (in development)		Pop	X		X	X	Improving population health status part of triple aim	

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Patients receive appropriate transition information at discharge	Future: EHR		Hosp		X			Aligns with Meaningful Use standards for hospitals (#15 and 16) and with proposed NQF consensus standards on care coordination	
Coordination									
Demonstrated ability to exchange clinical information with another entity	TBD		PC, SC, Hosp					Aligns with Meaningful Use (#17 for hopsitals and #20 for providers) and PC2 standards	
Patients with a transient ischemic event ER visit that had a follow up office visit	TBD - Oregon All-Payers All-Claims database (in development)?		PC, SC, Hosp					From proposed NQF consensus standards on care coordination; aligned with PC2 standards re: care coordination	
COST & EFFICIENCY									
Per capita cost	TBD		Pop	X				Measure of system affordability	
Per capita spending on different components of care (inpatient, outpatient, Rx, etc.)	Oregon All-Payers All-Claims database (in development)		Pop	X					Cost for high-priority episodes of care in Round II?
Administrative costs	TBD				X?				
Affordability of care: proportion of Oregonians reporting that they went without needed care because of cost	BRFSS or Oregon Health Insurance Survey (in development)			X		X	X	Measure of individual affordability	
PUBLIC HEALTH									
Premature death	Death Certificates		Pop	X				Recommended by HIP Committee	
Income Inequality	U.S. Census/ACS		Pop	X			X	Recommended by HIP Committee	
Tobacco use	BRFSS; OHT		Pop	X		X	X	Recommended by HIP Committee	
Obesity (BMI)	BRFSS; OHT		Pop	X		X	X	Recommended by HIP Committee	
Teen pregnancy rate	Birth certificate, ITOP		Pop	X				Recommended by HIP Committee	

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EQUITY									
Lack of a performance gap in the above measures for vulnerable populations (differences by race & ethnicity, income, and insurance status)									

* PC = primary care; SC = specialty care; HP = health plan, Hosp = hospital; Pop = population

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