

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

**July 8, 2010
10:00 am – noon**

Subcommittee members in attendance

Glenn Rodriguez, Chair
Seth Bernstein (by phone)
Nancy Clarke
Ken House (by phone)
James Kahan
Mary Minniti
Jim Russell
Thomas Syltebo
Joe Zaerr

Health Policy Board members in attendance

Eileen Brady

Staff in attendance

Jeanene Smith
Gretchen Morley
Lisa Angus

Subcommittee members not in attendance

Dan Clay
Laura Etherton
Brett Sheppard

Dr. Rodriguez convened the meeting at 10:00.

The subcommittee approved the summary of its June 10th meeting.

Updates

- Gretchen Morley noted that some committees are starting to bring draft recommendations to the Health Policy Board for review and that appropriate connections between the committee work were important. Staff is setting up specific meetings for information sharing where necessary and a full meeting of all Committee chairs and staff will take place on July 21st. The Office of Multicultural Health and Services will help committees review their recommendations for opportunities to reduce disparities and improve health

equity. Any relevant information or agenda items from these meetings or consultations will be brought back to the group.

- Staff to the payment reform subcommittee are conducting a brief environmental scan of payment practices and incentives (including incentives related to quality and efficiency measures or goals) among Oregon's major commercial plans. Results of that scan will be shared with this subcommittee.
- Nancy Clarke asked for feedback on some new work that Q-Corp is considering for the third phase of Robert Wood Johnson Foundation (RWJF) Aligning Forces for Quality funding. RWJF is asking applicants to choose three conditions around which to focus a full range of quality improvement efforts (quality reporting, payment reform, delivery system changes, public engagement, etc.). Congestive heart failure and chronic obstructive pulmonary disease are likely choices but there is some debate around the third focus area. Suggestions included:
 - Focusing on depression, even if there is not much previous investment to build on, because it would help further work on integration of care and improve adherence to evidence-based best practices and would be of great interest to employers.
 - Consider the scope of impact across age and gender when selecting focus areas. CHF and COPD generally affect older individuals, so depression or some other condition with widespread impact might be a good complement.
 - End of life care might be another option and it affects everyone.

Nancy will let the group know what Q-Corp's Board chooses and the Subcommittee will look at opportunities for formal connection between Q-Corp's project and its own priorities.

- Nancy also noted that Q-Corp had held a retreat focused on efficiency. They will likely do some episode of care analyses around the focus issues chosen for RWJF funding. There was also interest in supporting primary care practices by giving them total picture of their resource use – how much of what kinds of care do their patients use? This information would help practices assess their readiness for implementing new models like medical home, or ACOs.

Subcommittee workplan

Glenn Rodriguez noted that, for the October Board presentation, the Subcommittee's priorities are: (1) draft core measures in a scorecard format; and 2) recommendations for state-level strategies for quality improvement. The small workgroups can continue to develop more detailed measurement recommendations after October. Subsequent discussion included the following points:

- The scorecard can be thought of something that gives the Board an overall picture of how the state is doing. Measures appropriate for a scorecard are probably too high-level to be the exact ones that would be tied to payment reform work but they should be aligned.
- If the scorecard is a high-level picture, it will be difficult to hold people accountable to it and use it as a tool to drive change. Response: the Board is

looking at systemic changes but will also have some focus areas, like the specific conditions or elements targeted in the payment reform work.

- Given time constraints, the payment reform workgroup will not wait to receive a set of recommended metrics from this Subcommittee to start thinking about its suggested strategies. Both groups will do their work and there will continue to be communication back and forth to ensure alignment.

Workgroup Updates

The subcommittee heard progress updates from each of the small groups working on initial proposals for measures: cost & efficiency; patient-centeredness; and quality, effectiveness and safety.

Cost & Efficiency

The group is looking at total costs and cost breakdowns, as well as cost drivers like inappropriate care, waste, and re-work. Joe Zaerr shared some potential measures that the workgroup had discussed in each of those areas and distributed a draft list of proposed cost & efficiency measures that he had developed for reaction. Suggestions and comments from other subcommittee members included:

- Link costs to patient-centeredness measures if we are talking about system re-design
- Measuring appropriate use of comparative effectiveness research is probably not feasible for the first scorecard but might be an area to explore for the future
- There are many options for measurement in this area that it needs a strong frame, e.g. addressing variation that can be remedied

Patient-centeredness

The group has been working to identify 2-5 candidate scorecard measures in the topic areas that they have selected as priorities (activation/engagement/shared decision-making, access, care coordination, and health outcomes) and to make some recommendations about next steps for development of measurement capacity in this area. Suggestions and comments from other subcommittee members included:

- The reality of what can be measured easily now for patient-centeredness is probably some patient satisfaction measure, or a process measure of whether the provider entity assesses patient experience
- Q-Corp recently surveyed Oregon providers about patient engagement and very few people are measuring engagement/activation, fewer are interested in standardizing their measures, and nobody is ready to share their data publicly. One recommendation might be for further discussion on how to standardize measures in this area. There is good alignment around such measures for hospitals but less so for outpatient settings, and the methodology of administration is widely variable.
- Including patient experience measures in payment reform initiatives is important to help identify and head off unintended consequences.

Quality, effectiveness, safety

The workgroup is looking at measures of access, accountability, coordination, continuity, and comprehensiveness across different settings of care and is also looking at tiers, since not everyone is at the same place with respect to either measurement capacity or quality improvement. They will select from existing measures. The biggest gap so far is coming up with reasonable and meaningful measures in specialty settings. An important issue the group has not yet discussed is risk adjustment. Suggestions and comments from other subcommittee members included:

- A June article in the New England Journal of Medicine has a review of common quality measures indicating that some are not useful for holding providers accountable for performance. The Joint Commission has already picked up the article's suggestions. Staff will distribute a copy of this article.

The subcommittee will report on its work to date and have a opportunity to align with the payment reform subcommittee at a joint meeting on July 15th.

Dr. Rodriguez adjourned the meeting at noon.