Health Incentives & Outcomes Committee

Vision and Strategies for Committee Work

April 8, 2010

Drawn from the Oregon Health Fund Board Final Report
"Aim High: Building a Healthy Oregon"

Oregon's Vision for Reform

IHI triple aim:

- Improve the lifelong health of all Oregonians
- Increase the quality, reliability, & availability of care for all Oregonians
- Lower or contain the cost of care so it is affordable to everyone

"Reset the system goals, incentives, and structure" (OHFB Report Exec. Summary)

Vision for Reform

- **High Standards**

  Guidelines and ambitious targets exist for clinical quality, population health outcomes, and system safety and efficiency

- **Trusted Information**

  Purchasers, providers, and consumers have timely, actionable information about system performance (clinical, quality, & financial)

Vision for Reform continued

- **System Innovation (to achieve transformation)**

  Testing new models of care delivery, payment, and financing informs system improvement; HIT capacity supports improvements; investment in public health reduces need for expensive care

- **Continuous Improvement (to sustain it)**

  Various quality & transparency initiatives around the state are aligned and sharing best practices; environment supports continuous improvement

Vision and Strategies

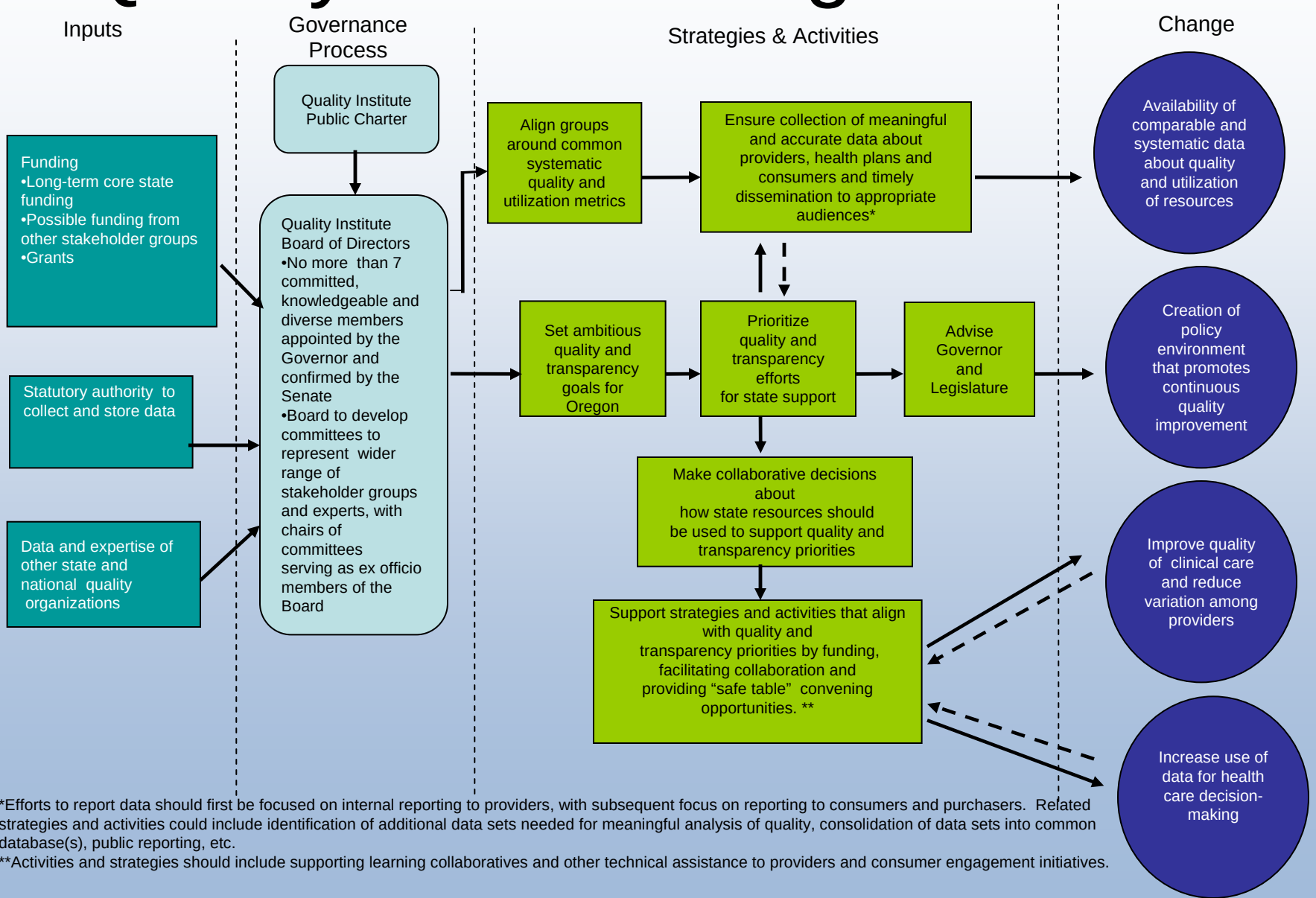
High Standards	System Innovation
• Common measures, standards and targets • Comparative effectiveness research & clinical guidelines • Value-based services	• Patient-centered primary care, ACOs, etc. • Payment innovation • Multi-share community models • HIT infrastructure • Population health advances
Trusted Information	**Continuous Improvement**
• All-payer, all-claims database • Feedback to providers • Information for purchasers and insurers • Public reporting, education, and consumer engagement	• Learning collaboratives • Venue for alignment of and communication between efforts around the state

Vision and Strategies

Role of the Incentives and Outcomes Committee

High Standards	System Innovation
• **Common measures, standards and targets** • Comparative effectiveness research & clinical guidelines • Value-based services	• **Patient-centered primary care, ACOs, etc.** • **Payment reforms** • Multishare models • HIT infrastructure • Population health advances
Trusted Information	**Continuous Improvement**
• All-payer, all-claims database • Feedback to providers • **Information for purchasers and insurers** • **Public reporting, education, and consumer engagement**	• Learning collaboratives • **Venue for alignment of and communication between efforts around the state**

Quality Institute Logic Model



*Efforts to report data should first be focused on internal reporting to providers, with subsequent focus on reporting to consumers and purchasers. Related strategies and activities could include identification of additional data sets needed for meaningful analysis of quality, consolidation of data sets into common database(s), public reporting, etc.

**Activities and strategies should include supporting learning collaboratives and other technical assistance to providers and consumer engagement initiatives.

Related work in other states

Quality measurement & reporting in Minnesota

- **Standardized, statewide set of quality of care measures building on existing efforts and public-private partnerships**

  First-round measures identified and uniform definitions developed, data submission began Jan. 1, public reporting will begin July 2010

- **Quality incentive payments**

  Round 1 methodologies and measures identified; July 2010 implementation for public purchasers

- **Provider ranking on cost and quality - incentive payments & public reporting**

  Peer grouping methodology developed; provider feedback in 2010; Jan. 2011 incentive implementation in public sector to allow consumers to choose high-value providers

Related work in other states

Comprehensive Payment Reform in Massachusetts

- Governor/Legislature Appointed Special Commission on Payment Reform

  Developed a framework for comprehensive payment reform during 2009 with broad stakeholder input and agreement.

- Focus on developing a system based on Global Payments with the following aspects:
  - The development of Accountable Care Organizations (ACOs)
  - Patient-centered care and a strong focus on primary care
  - Patient choice
  - Use of pay-for-performance (P4P) incentives
  - Participation by both private and public payers
  - Strong and consistent risk adjustment
  - Cost and quality transparency
  - Widespread adoption of the medical home model

Related work in other states

Implementation of Medical Homes in Pennsylvania

- Governor's Office on Health Care Reform released a "Prescription for PA" in 2007
- Strong focus on improvement in care delivery and management of chronic disease
- Large regional medical home pilots starting in Southeast PA in 2008
  - Currently >780 providers and > 1 million patients
  - Multi-payer effort, with common recognition and payment
  - Executive branch leadership key to success
  - Initial focus on both practice transformation and diabetes
  - Early results (year 1 for one commercial carrier)
    - 26% decrease in hospital admissions
    - 30% decrease in emergency room visits
    - 16% decrease in overall costs