Oregon Health Policy Commission
Quality & Transparency Work Group

2007 Meeting Notes

February 26, State Office Building Room 130, Portland

April 23, State Office Building Room 1D, Portland

Last Updated 3/7/05

Quality & Transparency Workgroup
Oregon Health Policy Commission
800 NE Oregon St, Room 130
February 26, 2007

Present: Jonathan Ater, Vickie Gates, Nancy Clarke, Susan Chauvie, Gwen Dayton, Bill Kramer, Pam Mariea-Nason (for David Labby), John McConnell, Holly Mercer, Ron Potts, Ralph Prows, Brett Sheppard, David Shute

Excused: Joel Ario, Sherry McClure, Gil Muñoz, Glenn Rodríguez, James Schwarz, Doug Walta

Staff: Gretchen Morley, Director, Oregon Health Policy Commission (OHPC)
Tina Edlund, Research & Data Manager, Office for Oregon Health Policy & Research
Jessica van Diepen, Communications Coordinator, OHPC

Call to order: 2:14 p.m.

I. Workgroup review of Senate Bill 251 (at the request of Senator Morse)

- There is consensus that the bill as written would have a chilling effect on internal peer review processes for quality control and improvement, that such processes would simply shut down or would go "underground", neither of which would have a positive impact on quality improvement and patient safety. Commission staff will draft a letter to that effect for Senator Morse

II. Oregon Association of Hospitals and Health System/Oregon Medical Association - Oregon Quality Community (Handout #5)

- Coordination of quality improvement efforts "coming together to improve the quality of care in Oregon" terms laid out in memorandum of understanding; steering committee made up of hospital executives and physicians.
- "Safe Table Collaborative" – based on Washington model – confidential meeting around specific quality challenges and initiatives, e.g. handwashing, in alignment with the national 5 Million Lives campaign. Will avoid duplication of other groups efforts, e.g. it will not work on Surgical Care Improvement Project.
- Patient-centered, in cooperation with the Patient Safety Commission when appropriate. Focus for now on in-hospital care, with other sites of care to follow. May have an advisory committee with patient representation later down the line.

III. Patient Safety Commission Update (Jim Dameron)

- HB 2524: the House committee seems willing to amend the bill to align with the Commission's consensus document on transparency
- Date for Commission summit will follow the passage of HB 2524

IV. Next Steps

- No March or May workgroup meetings
- June and July agenda: craft new work plan

Adjourn: 3:50 p.m.

Handouts:

1. **Agenda**
2. **November draft meeting notes**
3. **HB 2524**
4. **SB 251**
5. **Oregon Quality Community summary**
6. **OHPC Roadmap for Health Care Reform draft report**

DRAFT

Quality & Transparency Workgroup
Oregon Health Policy Commission
800 NE Oregon St, Room 1-D
April 23, 2007

Present:, Vickie Gates, Joel Ario (by phone), Shelley Bain (for Joel Ario), Nancy Clarke, Gwen Dayton, Pam Mariea-Nason (for David Labby), Holly Mercer, Ron Potts

Excused: Jonathan Ater, Susan Chauvie, Bill Kramer, Sherry McClure, Gil Muñoz, John McConnell, Ralph Prows, Glenn Rodríguez, James Schwarz, Brett Sheppard, David Shute, Doug Walta

Staff: Tina Edlund, Deputy Director, Office for Oregon Health Policy & Research
Jessica van Diepen, Communications Coordinator, OHPC

Call to order: 2:10 p.m.

I. Legislative Update

- SB 329-4: mandates the Office for Oregon Health Policy and Research (OHPR) to set up a quality institute along the lines of the recommendation in the Oregon Health Policy Commission's Road Map to Health Care Reform; OHPR would also be moved from the Department of Administrative Services to the new Health Fund Trust Board to provide its staffing. -5 amendments will be released and discussed tonight in committee
- HB 3368 (House version of health reform) will be heard twice this week
- Healthy Kids Plan (HB 2201B) will have a House floor vote in the next few days where it is expected to fail; it will likely require a ballot measure
- DHS budget will suffer at the expense of education; expansion of the OHP Standard has been eliminated from the co-chairs budget and General Fund contribution along side the provider tax has also been eliminated
- Introduction of new OHPR Research and Data manager, Sean Kolmer
- HB 2524-A (Public reporting of health care acquired infections): based on the consensus statement organized by Jim Dameron at the Patient Safety Commission, the original bill was amended to align with national guidelines and away from the Consumer Union's language which would have mandated the reporting of specific infections that are not congruent with the national guidelines

II. Health Information Security and Privacy Collaborative (HISPC) and Other Updates (Nancy Clarke)

HISPC (Handout #3a)

- HISPC project tasks: 1) Identify variations in practice with regard to privacy and security of protected health information, 2) Classify these practices as either barriers or aids to health information exchange, and 3) Craft implementation plan
- Industry experts in privacy and security constituted majority of participants in the public meetings. An alternative strategy is being developed by the Collaborative for engaging consumers.
- A very complicated issue, this project just scratches the surface of what will have to be done
- Principles/Values: Trust, privacy, feasibility and public accountability (these are difficult to reconcile)
- Privacy = what the individual wants revealed (or not); Confidentiality = providers respecting privacy; Security = the technical and administrative safeguards to achieve privacy and confidentiality

- Markle Foundation's principles for addressing individuals and their health information were adopted by the Collaborative without amendment (as an ideal future)
- Legislative discussions around SB 163 (behavorial and medical health systems integration for Oregon Health Plan members) and SB 759 among others are wrestling with these right now.
- What does "control of your own information" mean? That has not been defined either within these pieces of legislation or within the Collaborative
- Our understanding of the public sentiment around health information exchange and privacy is still unclear. Work group members believe that most patients would be shocked to find out just how much access to their medical information there already is under HIPPA and how many different entities can and do access their records; however, polls suggest that a lot people are fairly unconcerned about the exchange of their health information between health care providers and only begin to balk significantly when asked about their employer or insurers having access to their records.
- Next steps: implementation plan identifies the players who will need to take a role in given tasks; recommends that the HISPC steering committee continue to convene regardless of future grants; current grant extended until June 2007. The Collaborative's consumer engagement proposal may get additional money after the June deadline.

Metropolitan Portland Health Information Exchange

- Oregon Business Council contracted with the Oregon Health Care Quality Corporation for a six-month project to craft a mobilization plan for a results reporting system (taking already computerized information, e.g. lab data hospital discharge data, dictated reports, image reports, and making those accessible wherever a patient goes) 1st question: Do patients opt in or opt out? The group decided on an opt-out process that is still being ironed out. 2nd question: Who owns the information and where does it reside? Workgroup is currently considering a record locating service rather than a data bank. Report due May 15. Project calculated to save $13 million per year by year 4 by eliminating inefficiencies and redundant testing (hospitals will lose this revenue).

Tape Side B

III. Update (Joel Ario) – 3 transparency initiatives currently underway

- Hospital cost transparency for common procedures goes beyond billed charges to reporting insurers' aggregate average rates by hospital for the 85 most common DRG's. Gives an idea of the relative price between hospitals.
- HB 2213: Insurer's must post methodology for patients to calculate their estimated out-of-pocket cost for a given service (this is analogous to getting an estimate from a construction contractor; the actual final cost may be more or less than the starting estimate)
- HB 3103 (proposed rate filings): the Oregon Insurance Division has rate-regulation control over individual group market products, small group products, and portability products. BHB 3103 would require that rate filings be posted on the internet as soon as they are submitted.

Discussion

- Will the hospital pricing data be paired with clinical outcomes data for those same procedures? *This new data will be posted on the OHPR website and may be displayed alongside the existing outcomes data (though the outcomes data currently reported are for only 11 procedures). OHPR also will post links to other data, such as the Center Medicare and Medicaid Services (CMS) website. The primary audience at this point is still the hospitals rather than individual consumers.*

- What about the diverse market baskets that different insurers have negotiated with different hospitals? *The agreed-upon methodology calls for reporting the negotiated rate per DRG, so if an insurer has negotiated a market basket with a given hospital, it will be the insurer's responsibility to disaggregate the basket rate to individual DRG rates.*
- How will the rate filings deadline impact the timing of the public reporting? *Insurers already wait until the deadline to file, so no one will get the scoop on anyone else.*
- How will this affect Medicaid reimbursement rates? *Industry decision makers already know and use this information; the difference now is that consumers will also know.*

III. Robert Wood Johnson Foundation's Market Forces for Change project (Nancy Clarke)

- 14-City Market Scan (handout #3b&c)
- Regional project grant to the Oregon Health Care Quality Corporation (handout #3d)
  - ⇨ Goal: Improve care to persons with chronic disease by improving the delivery system through *technical assistance to providers, public reporting of quality information, and helping purchasers and consumers use that information*.
  - ⇨ *Measurement and reporting*: three kinds of data will be collected and reported: administrative claims data, self-report from clinics using their own EHRs and consumer-report data about their own health status and experience with their care. Public reporting will require substantial funding. How to pay for merging claims data across health plans including Medicaid and commercial?
  - ⇨ *Technical assistance to physicians*: about a dozen different groups have been identified as providing assistance to physicians currently. The Project will facilitate coordination between these groups and leveraging resources and sharing best practices for better results
  - ⇨ *Consumer engagement*: RWJ is providing technical assistance by convening a national learning collaborative. Task 1: I.D key players within all sectors Task 2: messaging 1) providers and patients are a team, 2) quality doesn't necessarily cost more and more care is not necessarily better care

IV. Next Steps

- No May workgroup meeting
- June 25 and July 23 agendas: craft new work plan

Adjourn: 4:04 p.m.

Handouts:

1. **Agenda**
2. **February draft meeting notes**
3. **HISPC Draft Recommendations; RWJ 14 Region Market Scan and Talking Points; Q-Corp Regional Market Project description**