

**Public Employer Health Purchasing Committee  
Meeting Summary**

April 26, 2010

1-4 pm

Legacy Meridian Park Medical Center  
Community Health Education Center, Room 117A

*Meeting materials can be found online at*

<http://www.oregon.gov/OHA/OHPB/committees/pub-hlt-bn-prch.shtml>

**Committee Members in Attendance:**

Cathy Bless

Ronda Connor (via phone)

Caren Cox (via phone)

Joan Kapowich

Lynn McNamara

Steve McNannay

Linda Shames (via phone)

**OHA Staff in Attendance:**

Barney Speight (OHA)

Kelly Harms (OHPR)

Sharon Wong (OHA)

John Britton (OHA)

David Pass, MD (OHPR)

Gretchen Morley (OHPR)

Bobby Green (OHA)

**Public Attendance:**

12 members of the public were in attendance.

**Meeting Summary:**

*Welcome and call to order*

Meeting convened at 1:10 p.m. by Chair Steve McNannay. Minutes from the March 1, 2010, meeting were approved. Barney Speight introduced Sharon Wong, who will be providing administrative support to the committee, and John Britton, who recently joined the OHA as the director of Health Data and Performance Management. He was formerly a legislative fiscal analyst for many years.

*Election of a Vice Chair*

Joan Kapowich nominated Lynn McNamara to serve as vice chair of the committee. Nomination was seconded, and unanimously approved by all those present.

*National Health Care Quality Standards*

Nancy Clarke, executive director of Oregon Health Care Quality Corp, gave the committee a "Quality 101" presentation. She defined quality, explained why it's important, how it is measured, and how her organization is gathering and reporting information in Oregon. Please see meeting materials for a copy of the presentation and the other materials Clarke provided.

### *Comparative Effectiveness and Clinical Guidelines*

Dr. David Pass, director of the Health Resources Commission (HSC), provided an overview of the efforts going on in Oregon, the U.S. and international around comparative effectiveness, clinical guidelines and evidence-based medicine. The HSC works with local resources, like Oregon Health Sciences University, the Center for Evidence Based Practices and the Evidence Based Practice Center, to develop Health Technology Assessments and the Preferred Drug List for the Medicaid program, as well as reports for special requests from agencies or the legislature. Please see meeting materials for a copy of the presentation and the other materials Dr. Pass provided.

Speight noted that there are variations in care across the state that health plans can track. (Please see meeting materials for copies of Dartmouth Atlas articles Speight provided regarding preference-sensitive and supply-sensitive care.) In some cases, comparative effectiveness studies and clinical guidelines have already been conducted and established, and could be used to help administer benefits. However, in other cases the science or research might not be mature enough to establish clinical guidelines. In those cases, Speight would like to have a group of Oregon experts (doctors and providers who are recognized as leaders in specific areas) develop best practice standards which could then be used by plans and purchasers. Speight will send out a list of potential conditions and/or treatments to the committee for feedback based on their own organization's claims experience. The OHA can then work with Dr. Pass and his colleagues to develop best practice standards.

### *Overview of the Incentives and Outcomes Committee*

Gretchen Morley, manager of the Health Policy Development Unit at the Office of Oregon Health Policy and Research, gave the committee an update on the work of the Incentives and Outcomes Committee and its two subcommittees — Quality & Efficiency and Payment Reform. She said the full committee and subcommittees have just started to meet, and they will be building off the work that has already been done. Both subcommittees are developing principles and frameworks for recommendations that will move forward to the Board and other committees, like the Public Employers Health Purchasing Committee. Please see meeting materials for a copy of Morley's presentation.

Speight noted some payment reform issues that the Public Employers Health Purchasing Committee may want to consider are: standardization around known payment methodologies; working with health systems to find methodologies that work; bundled or global payments; changing systems to pay for efficiency and quality.

### *Committee Activities for the Next 6 Months*

Speight provided the committee with a memo that outlined the activities that need to be accomplished, as well as the timeframes involved. Please see meeting materials for a copy of the memo.

If legislation is needed to accomplish any of the final recommendations of the committee, there are some OHA placeholder legislative concepts that can be used, or we can work with legislative leadership to propose bills.

Speight asked for volunteers to help develop an education presentation or tool to be used by organizations to discuss cost containment and improving quality. These people will meet via conference call prior to the next meeting, where a draft of the tool will be discussed.

Speight encouraged the committee members to think of the staff and the committee as resources to help with purchasing decisions. Staff can develop webinars, newsletters or other tools that can be used by public employer purchasers (as well as other stakeholders), in addition to the education tool already identified. Chairman McNannay asked members to respond to Speight with any concerns or areas they may want help with.

*Next meeting*

The next meeting will be May 24, from 1-4 pm at the Wilsonville Training Center.

Chair McNannay asked if there was any further comments, and seeing none adjourned the meeting at 3:45 pm.

DRAFT