



Innovation and Care Coordination Key to Health of Patients with Complex Health Needs

In July we submitted written testimony to the Health Insurance Exchange Board advocating that to maximize improvement to Oregonians' health and Oregon's fiscal health, "Qualified Health Plan" (QHP) payment structures should incentivize the provision of appropriate services to patients with complex health issues. Patients with complex health issues are those with heightened economic, social and behavioral challenges. In furtherance of our previous request to the Exchange Board we ask you to consider the following recommendations.

I. Qualified Health Plan Exclusions and Restrictions Should be Modified

The current version of the Essential Health Benefits (EHB) include restrictions and exclusions that should be reconsidered. For example: inpatient hospital care for mental/behavioral health is limited to 45 days per year for residential treatment; counseling in connection with family, sexual, marital or occupational issues is excluded; and naturopath, acupuncture and chiropractic care are not covered.

In our transforming system, primary care teams, working together with patients, should be empowered to develop the most appropriate care for patients. Excessive restrictions and exclusions defeat the purpose of care coordination and patient empowerment.

We encourage you to review the current exclusions and restrictions with an eye toward empowering coordinated care organizations and primary care teams to be true laboratories of care that develop innovative and evidence based practices that improve health. Too many EHB restrictions and exclusions will result in cookie cutter care throughout the state and will not produce the creative solutions the OHPB, the Exchange, the OHA, the Governor, and our federal partners seek.

II. Quality Measures Should Inform and Incent

Quality Measures should promote the transformative changes we seek to achieve. These measures should inform consumers about insurance companies' performance and incentivize those companies to deliver on the changes we seek.

At the heart of Oregon's transformative changes is the desire to better coordinate care so that we can prevent instead of treat, and when we have to treat, to do so more effectively. If we are successful in prevention and care coordination, treatment will be less necessary, but will still be required at times - particularly for patients with complex health needs. And insurance companies will be more involved partners than ever before as our previously siloed system is transformed to a health reform community.

With these goals and realities in mind, we should measure what we hope to achieve:

- Care coordination and patient empowerment
- Prevention
- Quality of care for patients with complex health needs
- Insurance company performance

The 12 proposed Quality Measures developed by Exchange staff are an excellent start to the discussion. We have been impressed with their diligence and willingness to receive feedback and suggestions along the way. In furtherance of this collaborative spirit, we recommend the following additional measures from the National Quality Measures Clearinghouse for consideration as Exchange Quality Measures (understanding the desire to, at least initially, use measures that already exist):

A. Care coordination and patient empowerment

- Communication and experience of care: mean score on seven items asking about helpfulness of office staff, overall rating of care and whether doctor/other providers listen carefully, explain things clearly, respect you, spend enough time. NQMC: 000230
- Health plan members' experiences: percentage of adult members who reported whether a doctor or other health provider included them in shared decision making. NQMC: 006293
- Health plan members' experiences: percentage of adult health plan members who reported how often their personal doctor seemed informed and up-to-date about care they got from other doctors or other health providers. NQMC: 006296
- Mental health inpatient: percentage of inpatients with a complete documented physical examination within 48 hours of admission, during the 6 month time period. NQMC 006705

B. Prevention

- Health plan members' experiences: percentage of adult health plan members who reported how often their doctor and other health provider talked about specific things they could do to prevent illness. NQMC: 006295
- Prevention and management of obesity in mature adolescents and adults: percentage of patients with body mass index greater than or equal to 25 who have 30 minutes of physical activity five times per week.

C. Quality of care for patients with complex health needs

- Preoperative evaluation: percentage of patients age two years and older undergoing elective non-high-risk surgery who have appropriate management of comorbidities prior to surgery. NQMC: 006182
- School safety: percentage of children who attend school perceived as safe. [Purpose being to measure social complexity]

D. Insurance company performance

- Health plan members' experiences: percentage of adult health plan members who reported how often their health plans handled their claims quickly and correctly. NQMC: 006288
- Health plan members' experiences: percentage of adult health plan members who reported how often they were satisfied with their health plan's customer service. NQMC: 006289
- Health plan members' experiences: percentage of adult health plan members who reported how often they were able to find out from their health plan how much they would have to pay for a healthcare service or equipment and specific prescription medicines. NQMC: 006294

Thank you for considering our recommendations.