



500 Summer Street NE, E-29 Salem, OR 97301-1097 (503) 947-2340 www.oregon.gov/OHA/OHPB

Email: healthpolicyboard.info@state.or.us

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Health Plan Quality Metrics Committee 421 SW Oak Street, Suite 850 Portland, OR 97204

Dear Vice-Chair Parkman and Committee Members.

On behalf of the Oregon Health Policy Board (the Board), I am writing to follow-up on Vice-Chair Parkman's presentation to the Board on June 4, 2019. Thanks to your success in ensuring measures in Oregon are coordinated, aligned and evidence-based, Oregon continues to be a national leader in health system transformation. Your efforts to align health outcome and quality measures for the state-funded health plans have created a solid foundation for transformative work.

Vice-Chair Parkman noted in his June presentation to the Board that there is a tension in the Health Plan Quality Metrics Committee (HPQMC)'s work to consider and develop innovative measures that foster and measure greater transformation, while also ensuring measures are as rigorous as possible and minimize burden to providers. While addressing provider burden should continue to be an important priority for the HPQMC, an explicit priority of your work must also be to accelerate health system transformation by selecting measures that foster improved health outcomes for all Oregonians, especially for populations that have been historically marginalized and experience the greatest health disparities.

Governor Brown's <u>recent letter</u><sup>1</sup> to the Metrics and Scoring Committee emphasizes the importance of innovative performance measures in driving health system transformation and urges the Metrics and Scoring Committee to establish transformational metrics that support the four CCO 2.0 key goals and prioritize children's health.

- Improving the behavioral health system and addressing barriers to access to and integration of care;
- Increasing value and pay for performance;
- Focusing on social determinants of health and health equity; and
- Maintaining sustainable cost growth and ensuring financial transparency.

The Governor's direction is clear that the metrics to be developed and adopted must ensure that we meet the goals of CCO 2.0. The Oregon Health Policy Board and the Oregon Health Authority are equally

<sup>&</sup>lt;sup>1</sup> https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsScoringMeetingDocuments/Letter-from-Governor-Brown.pdf

driven by these priorities and the Board directs HPQMC to share this commitment and help drive the next phase of health system transformation in Oregon.

Specific guidance from the Board regarding HPQMC's scope and charge in the coming years.

## 1. Balance the need for nationally standardized measures with the need to be transformative by including innovative measures that target Oregon's greatest needs through new concepts and methods that may not have a national standard or model.

The Committee should continue to produce an aligned measure menu that is used by all state-funded health plans and meets rigorous standards for national and best practice measurement. New and innovative measures that are tailored to Oregon's unique needs and priorities, like health equity and value-based-purchasing, but may not be in use nationally, are also critical to this work. We charge the Committee with developing a specific process and criteria to better evaluate new and innovative measures. The Committee shall recommend a process and evaluation criteria for the Board's review and approval. OHA is directed to provide technical assistance to the Committee to develop this process and criteria.

## 2. Include a health equity measure in the aligned measure menu and report measure demographic information.

In alignment with the Governor's priorities and the values of the Board and OHA, the Board charges HPQMC with considering measure(s) of health equity in the next measure menu. It is the Board's clear expectation that at least one measure of health equity will be adopted by the Committee. OHA is charged with continuing to explore innovative ways to supplement and improve demographic data to enhance reporting on existing measures and support the development of a new health equity measure. OHA's Office of Equity and Inclusion and Health Policy & Analytics Division are charged specifically with supporting HPQMC and with working collaboratively with those communities most likely to be impacted to develop a new measure of health equity.

## 3. Produce an aligned core measure set that can be used by all health plans across Oregon.

The HPQMC should continue to prioritize measure alignment which will ease administrative and provider reporting burden while increasing transparency and accountability. A core set of measures for all health plans across the state will promote greater alignment across plans, help to ease reporting burden, and is consistent with innovation across the national landscape.

The Oregon Health Policy Board requests the development of a core set of between six and 12 measures, directed toward health plans, that can apply to public and commercial carriers. The core set will be voluntary but should be developed collaboratively with stakeholders and build on measure alignment already in place. The HPQMC is charged with submitting a progress report to the Board regarding core measures annually, including information about adoption of the core set across all plans in the state. The report should be succinct and identify recommended actions that will improve utilization of the core set as well as barriers to adoption and utilization.

As HPQMC considers its work over the coming biennium, we also urge consideration of measures that align with the Governor's direction and priorities for developing measures that address quality for the implementation of SB 889 (2019), the health care cost growth benchmark program.

To remain on the forefront of health system transformation, Oregon must continue to inform the national conversation about what best-practice combined with innovation looks like. We urge the HPQMC to remain steadfast in pushing this frontline in your deliberations and actions. We recognize these are significant charges that will affect the HPQMC's work plan and we look forward to ongoing collaboration with the Committee as we continue to work toward our shared priority of better health for all Oregonians.

Sincerely,

Carla McKelvey, MD, MPH

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**OHPB** Chair