

**OREGON HEALTH FUND BOARD (OHFB)
DELIVERY SYSTEM COMMITTEE QUALITY INSTITUTE WORKGROUP
TELECONFERENCE**

April 10, 2008
9:00 am to 10:00 am
Digitally Recorded

Public Participation: General Services Building
Neahkanie Room, 1st Floor, 1225 Ferry Street SE
Salem, OR

MEMBERS PRESENT:
(by phone)

Vickie Gates, Chair
Maribeth Healey, Vice-Chair
Nancy Clarke
Jim Dameron
Gwen Dayton
Kathy Savicki
Richard Cohen, MD
Ralph Prows, MD
Glenn Rodríguez, MD
Mike Williams

MEMBERS EXCUSED:

Bob Johnson, DMD
Gil Muñoz
Maureen Wright, MD
Brett Sheppard, MD

STAFF PRESENT:

Tina Edlund, Deputy Administrator, OHP
Ilana Weinbaum, Policy Analyst

ISSUES HEARD:

- Call to Order and Approval of 03/21/08 Minutes
- Discussion and Approval of Final Quality Institute Work Group Recommendations
- Public Testimony

Digitally Recorded

- Chair Gates I. **Call to order, Introductions and Approval of 03/21/08 Minutes (See Exhibit Materials 2)**
- Meeting was called to order at 9:01 a.m.
 - There was a quorum.
 - Discussion on the name "Quality Institute" being more specific with agreement not to change.
 - Review and approval of minutes.
- Chair Gates II. **Discussion and Approval of Final Quality Institute Work Group Recommendations**
- Preamble addressed.
 - Cost component raised and deletion of last sentence discussed.

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

- Things taken from Institute of Medicine (IOM), Committee believes are meant to drive prices down.
- **Recommendation II**
 - Page 5: Discussion on liability protections with staff relating that reference will be taken out and changed to confidentiality protections.
 - Replace underlined sentence and relate to statutory authority/protection.
 - Language suggestion: Information submitted to the Quality Institute by any of the organizations is protected by virtue of being held by the Quality Institute.
 - Patient Safety Commission (PSC) language addresses issue of submitting data to prevent it from being disclosed as it should.
 - Report reflects what Workgroup feels is critical for the drafter not that it deals with every issue needed for legislation.
 - Suggestion to reference PSC rules rejected. Will indicate it as confidentiality language needs crafting.
 - Page 7, #4: Change in language about data collection regarding voluntary and mandatory reporting to add to voluntary, "to the greatest extent possible," with "mandatory reporting if necessary."
 - Page 6, Bullet 3: Use of voluntary in relation to funding from private stakeholders supported.
 - Page 15, #3: Repeat of voluntary vs. mandatory. Change will be made consistent with above.
 - Page 8, (all 5 bullets): Suggestion to add bullet to strengthen language emphasizing of electronic health records. Add bullet to recognize HIIAC and other efforts, and add collaboration component.
 - Two issues noted: 1) track records that can provide evidenced-based records to assist delivery of medical care and 2) access of electronic record to assess quality and recognize other agencies involved.
- **Budget Section**
 - Staff was acknowledged for their excellent work.
 - Staff overviewed the three options and funding request which included information from other states.
 - Discussion on increasing base amount.
 - Discussion on options 1, 2 and 3 regarding:
 - personnel costs,
 - need for grants and technical assistance,
 - demonstration projects and technology,
 - adding "strategic investment" in relation to grants, and
 - need to be ready to react to Board questions,
 - One approach put forward with other options.
 - Committee polled.
 - modified Option 3 to be preferred,
 - recommend increase funding to \$750,000 and \$1 million over biennium.
 - Committee polled.

Call for the Question on Motion to approve recommendations as amended. **Motion passed unanimously.**

Chair Gates

III. Public Testimony

No public testimony was offered.

Chair Gates

XI. Adjourn

Chair expressed appreciation for the efforts of the members and staff.
Meeting adjourned at approximately 10:25 p.m.

Submitted by:
Paula Hird, Office Specialist

Reviewed by:
Ilana Weinbaum, Policy Analyst

EXHIBIT SUMMARY

1. **Draft Agenda**
2. **Draft Minutes from 03/14/08**
3. **QI Recommendations**

DRAFT

**OREGON HEALTH FUND BOARD (OHFB)
DELIVERY SYSTEM COMMITTEE QUALITY INSTITUTE WORKGROUP**

March 21, 2008
1:00 pm to 5:00 pm

Portland State Office Building Rm 1B
800 NE Oregon Street
Portland, OR

- MEMBERS PRESENT:** Vickie Gates, Chair (by phone)
Bob Johnson, DMD
Nancy Clarke
Jim Dameron
Gwen Dayton
Kathy Savicki
Brett Sheppard, MD
Richard Cohen, MD (by phone)
Maribeth Healey, Vice-Chair
Ralph Prows, MD
- MEMBERS EXCUSED:** Gil Muñoz
Mike Williams
Maureen Wright, MD
Glenn Rodriguez, MD
- STAFF PRESENT:** Jeanene Smith, Administrator, OHP
Tina Edlund, Deputy Administrator, OHP
Sean Kolmer, Data and Research Manager, OHP
Ilana Weinbaum, Policy Analyst, OHFB
Zarie Haverkate, Communications Coordinator, OHP
- OTHERS ATTENDING:** Carol Turner, Facilitator
- ISSUES HEARD:**
- Call to Order, Introductions and Approval of 03/14/08 Minutes
 - Review Work Group Recommendations: Issues for further Discussion (Private Funding, Role Prioritization, Alignment with other efforts)
 - Approve Recommendations with Amendments
 - Public Testimony

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

Vice Chair Healey

I. Call to order, Introductions and Approval of 03/14/08 Minutes (See Exhibit Materials 2)

- Meeting was called to order at 1:14 p.m.
- There was a quorum.
- Review and approval of minutes.

Vice Chair Healey/
Carol Turner, Facilitator

II. Review Work Group Recommendations: Issues for further Discussion (Private Funding, Role Prioritization, Alignment with other efforts) (See Exhibit 3)

Facilitator Carol Turner recommended identifying areas of consensus and no consensus.

(Underlined statements in document are additions from last meeting.)

- Funding (page 5)
 - Bullet 3:
 - Concern for seeking funding during an economic downturn from stakeholders expressed.
 - Change last sentence from "Quality Institute will seek additional funding . . ." to ". . . may seek. . ."
 - Make last sentence a separate bullet.
 - For additional funding, include cautionary statement that money is not taken from other efforts.
 - Suggested that added bullet also relate that nothing should preclude the organization from embarking on other projects and collaborations and other grant funding, etc.
 - Not hybrid funding, but work will be hybrid.
 - Reporting to the legislature on QI discussed.
 - Leverage to coordinate existing work, not duplication (e.g. Q-Corp and Patient Safety Commission, which are funded by providers).
 - Need to make it clear that a robust quality system will receive "more bang for a buck."
 - Quality is a separate issue from regulation.
 - Discussion on the rational and variables of funding amount of \$1 million.
 - Make a statement saying that it is significant but humble.
 - Reference points are Maine and Q-Corp.
 - Goes for output as well as speed of execution. Output=efficiency.
 - Data Collection (page 6)
 - Bullet 5, last sentence
 - Implies it is imposing a requirement rather than the QI being allowed to collect data.
 - Concern expressed over making it voluntary as it will result in uneven reporting.
 - Boundaries are needed.

- The system may be a combination of mandatory and voluntary reporting.
 - Bullet 5, first sentence
 - Discussion of the use of the term “consumer experience” as relating to patient satisfaction, quality of care and the impact of patient’s perception on achieve a good outcome.
 - Discussion on adding “outcome.”
 - Include quality of care, patient outcomes and utilization of health care resources.
 - Bullet 5, first sentence – discussion regarding QI publishing data.
 - Ability to publicize in coordination with organizations publishing data.
 - Will it be available for researchers to cite in published work?
 - Bullet 3
 - Drop “community” from sentence.
- Doer-Supporter Role
 - Bottom of page 18, last complete sentence,
 - remove “more” from “more likely”
 - Page 19 , last sentence to read “At the same time, it is likely that the Quality Institute will often direct, support and fund as well as directly carry out . . .” Prioritize Roles/Tasks
 - Page 16, last paragraph to top of 17
 - Consolidate and coordinate data. Coordinate, align and endorse common measurements.
 - Discussion on what should be the first role of QI.
 - Reorder the bullets from page 6 and 7 to 1, 2, 5, 6, 4.
- Medical Home/Behavioral Health
 - Consensus on language on page 17 as written.
- Publicly Chartered Organization (vs. Public Corporation)
 - Include reasons for a QI as a publicly chartered organization:
 - State funds
 - Liability protection
 - Statutory mandate
 - Data confidentiality protection
 - Ability to make rules
 - Health oversight agency
 - Flexibility
 - Page 18
 - 2nd bullet - should read “long term state funding.”
 - 4th bullet – remove the word “all.”
- Transparency
 - Appropriateness, feasibility and reasonable availability of transparency discussed and identified in document.
 - Page 6, 2nd Bullet
 - Add sentence: Balancing value of data vs. burden of consolidation (use Acquired Infection Language).
- QI Relationship to Other Organizations
 - Consensus on language as written.

- Impact/Description of QI
 - Page 12, Assumptions 1 and 3 discussed.
 - Discussion on capturing the core statement for QI from:
 - page 4 (bottom of 2nd paragraph): “. . . Quality Institute to serve as a leader and unify existing efforts . . .”
 - page 12 under first assumption: “The Quality Institute will coordinate, strengthen and supplement current and ongoing initiatives . . .”
 - page 6, first sentence: “The overarching role will be to lead Oregon toward a higher performing health care delivery system by...”
 - page 12 under first assumption, last sentence: “Quality improvement and increased transparency. . .”
 - two keystones of the core are quality, access and transparency. Making a bold statement about quality is suggested.
 - Staff will draft and return to the Committee for review.

Vice Chair Healey

III. Approve Recommendations with Amendments

Committee reached a consensus to approve the draft as amended.

Vice Chair Healey

IV. Public Testimony

Scott Gallant, Oregon Medical Association, provided testimony on the clarity, reducing burden on physicians for providing data and credentialing. Response by Committee and discussion.

(II. Review of Work Group Recommendations continued)

- After hearing testimony, the Committee agreed to amend page 15 of document to include “lessen the burden of data collection and reporting that currently complicates the provision of health care.”
- Discussion of raising the requested amount to \$2 million dollars. Sean Kolmer and Ilana will develop a more exact budget based on experience in Oregon and other states and add appendix to support funding request. In addition, funding should be indexed for increases over the ten-year period.
- Clear statement on protection of individual physician and individual patient identity suggested. Board of Medical examiners charge is to deal with physicians practices.
- Clarification of why “utilization of health care resources” (page 6, bullet 6) was added.

Facilitator Carol Turner debriefed the committee including identifying what worked well and what would be changed.

The Committee thanked the staff for its work.

Vice Chair Healey

XI. Adjourn

Meeting adjourned at approximately 4:40 p.m.

Next meeting is by phone to approve changes to report for delivery to Delivery Systems Committee on April 17.

Submitted by:
Paula Hird

Reviewed by:
Ilana Weinbaum

EXHIBIT SUMMARY

1. Draft Agenda
2. Draft Minutes from 03/14/08
3. QI Recommendations

DRAFT

**OREGON HEALTH FUND BOARD (OHFB)
DELIVERY SYSTEM COMMITTEE QUALITY INSTITUTE WORKGROUP**

March 14, 2008
1 to 5 PM

Portland State Office Building, Room 1B
800 NE Oregon Street
Portland, OR

MEMBERS PRESENT: Vickie Gates, Chair
Bob Johnson, DMD
Nancy Clarke
Jim Dameron
Gwen Dayton
Kathy Savicki
Mike Williams
Richard Cohen, MD

MEMBERS EXCUSED: Brett Sheppard, MD
Gil Muñoz
Maribeth Healey, Vice-Chair
Maureen Wright, MD
Ralph Prows, MD
Glenn Rodríguez, MD

STAFF PRESENT: Jeanene Smith, Administrator, OHPR
Tina Edlund, Deputy Administrator, OHPR
Ilana Weinbaum, Policy Analyst
Zarie Haverkate, Communications Coordinator

OTHERS ATTENDING: Carol Turner, Facilitator

ISSUES HEARD:

- Call to Order, Introductions and Approval of 02/05/08 and 02/27/08 Minutes
- Review Draft Logic Model
- Finalize Quality Institute Roles
- Define Details of Governance Structure
- Review of Work Group Report Outline
- Next Steps
- Public Testimony

Digitally Recorded

Chair Gates

- I. **Call to order, Introductions and Approval of 2/05/08 and 02/27/08 Minutes (See Exhibit Material 2)**
 - There is a quorum.
 - Review and approval of minutes. Work Group concurred with minutes.
 - Chair Gates amends agenda, moving the review of the work group report outline to after the discussion of governance structure.

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

Chair Gates / Staff

II. Review Draft Logic Model (See Exhibit Material 4)

- Discussion on funding
 - Change “matching” funds to grants and other funding
 - Discussed need for long-term core funding commitment from the state supplemented by private funding
- Discussion on what body should collect data.
 - Should QI create a common database or analyze datasets collected by other organizations and identify gaps?
- Relationship of QI with other organizations
 - Support good work
 - Get policy buy in – but not always the doer
 - Fund established organizations to do work aligned with QI goals and priorities
 - Synthesizer: listen/feedback/coordination

Chair Gates

III. Finalize Quality Institute Roles (See Exhibit Material 5)

Underlined statements in document are additions from last meeting.

Overarching Roles

- Discussed need for “statewide leadership”.
- Improve health care of Oregonians by focusing efforts on quality, transparency of care.
- Supporting and coordinating existing efforts.

Coordination and Collaboration

- Final bullet - Remove as it is represented in another section.

Systematic Measurement of Quality

- Discussion on the underlined addition to bullet 1, end of first paragraph. Suggest changing to “That supports the use of data for the purpose of health care decision-making and quality improvement.”
- Needs clarification that data about providers, health plans and consumer experience should be collected rather than giving the impression that data would be collected from all of these groups.
- Chair Gates addressed the second paragraph on “public disclosure of performance.”

Provider Improvement and Technical Assistance

- Discussion on dissemination as stated in bullet 2 and 3.

Consumer Engagement

- Change end of statement from “educate patient” to “engage patient.”

Policy Advising

- Suggestion to include examples.
- Discussion on value equation.

Chair Gates

IV. Define Details of Governance Structure

Reviewed by staff and Committee:

- Hybrid: Public / Private: not virtual, other organizations that can be utilized
- Discussion on specific public and private stakeholders that should be represented on the Board
- Decision that Board should be limited to 7 members that are knowledgeable about and committed to quality improvement and represent diverse stakeholders
- Executive Director should be appointed and serve at the pleasure of the Board

Chair Gates / Staff

V. Review of Work Group Report Outline (See Exhibit Material 3)

- Staff and the Committee reviewed key pieces of the outline of the work group report.
- Decision that Logic Model should be moved from the end of the report to the after the section on recommendations for an Oregon Quality Institute.

Chair Gates

VI. Next Steps

- Next meeting on Friday, March 21. Staff will create a draft report and will give members time to comment before final meeting.

Chair Gates

VII. Public Testimony

No testimony was offered.

Chair Gates

XI. Adjourn

Meeting adjourned at approximately 5:00 p.m.

Next meeting is March 21, 2008.

Submitted by:
Paula Hird, Office Specialist

Reviewed by:
Ilana Weinbaum, Policy Analyst

EXHIBIT SUMMARY

1. Draft Agenda
2. Draft Minutes from 02/05/08 and 02/27/08
3. QI Report Outline
4. Logic Model
5. Quality Institute Roles

**OREGON HEALTH FUND BOARD (OHFB)
DELIVERY SYSTEM COMMITTEE QUALITY INSTITUTE WORKGROUP**

February 27, 2008
1:00 p.m. – 5:00 p.m.
Digitally Recorded

Northwest Health Foundation – Bamboo Room
221 NW Second Ave Suite 300
Portland, OR

MEMBERS PRESENT: Maribeth Healey, Vice-Chair
Jim Dameron
Gwen Dayton
Glenn Rodríguez, MD
Kathy Savicki
Brett C. Sheppard, MD
Maureen Wright, MD
Mike Williams

MEMBERS EXCUSED: Richard Cohen
Bob Johnson
Gil Muñoz
Vickie Gates, Chair
Ralph Prows, MD
Nancy Clarke

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHPR
Zarie Haverkate, Communications Coordinator, OHPR
Alyssa Holmgren, Policy Analyst, OHFB
Sean Kolmer, Data and Research Manager, OHPR
Jeanene Smith, Administrator, OHPR
Barney Speight, Director, OHFB
Ilana Weinbaum, Policy Analyst, OHFB

OTHERS ATTENDING: Carol Turner, Facilitator

ISSUES HEARD:

- Call to Order, Introductions and Approval of 02/05/08 Minutes
- Review Outcomes, ground rules for meeting
- Confirm Problem Statement/QI Roles
- Review Models for Governance/Funding
- Indentify Pending Issues
- Next Steps
- Public Testimony

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**Digitally Recorded
Vice Chair Healey**

- I. **Call to order, Introductions and Approval of 2/05 Minutes.**
 - There is no quorum.
 - Minutes from the 2/05 meeting were not ready for work group approval.

Due to no quorum, public testimony was heard. See item X.

A quorum was obtained with arrival of Committee members Sheppard and Rodriguez.

Carol Turner

II. Review outcomes, ground rules for meeting

Reviewed meeting timelines.

Vice Chair Healey
And Carol Turner

III. Confirm Problem Statement/QI roles

- Updated Roles for Quality Institute (**See Exhibit Materials 5 and 7**). Discussion of first paragraph of *Systematic Measurement of Quality* (bottom of page 1)
 - Discussion on appropriateness of Quality Institute (QI) addressing cost. Some members questioned whether that is the charge of this institute. (**See Exhibit Materials 7**).
 - Agreement obtained on the value equation: Value = quality/cost.
 - Members pointed to fact that efficiency is part of the Institute of Medicine's (IOM) definition of quality already endorsed by the Work Group.
 - Staff presented three potential options for dealing with the issue of cost language under role related to *Systematic Measurement of Quality*. (**See Exhibit Materials 7 for three language options**). Straw poll was taken for three options and group agreed to revisit the issue at the next meeting.
- Short discussion over other updates to QI roles members had suggested since the last meeting, with a decision to revisit the document in March when more members were present.
- Discussed need for overarching role statement.

Carol Turner and
Staff

IV. Review Models for Governance/Funding (See Exhibit Materials 6 and 7)

Staff overview the materials.

- Committee reviewed chart comparing public, public-private, and private models and Committee discussed pros and cons of each type of model (**See Exhibit Materials 6 and 7**).
- Committee discussed structure and governance, statutory authority, funding, staffing and main functions of several existing public, public-private hybrid and private organizations (**See Exhibit Materials 6 and 7**).

Carol Turner

V. Confirm Recommended Structure

- There was general agreement that a public corporation with a public charter would give the QI a strong mission and legitimacy, but offer more flexibility.
- Group discussed the various audiences for the work of the QI – providers, purchasers and consumers – and the need to prioritize multiple roles. Group reached general consensus that the QI should focus on providers first and then move to purchasers and consumers (**See Exhibit Materials 7**).
- Group started work on basic change logic model for the QI.

Carol Turner

VI. Identify Pending Issues

Reviewed Draft Assumptions from 02/05/08 meeting
(See Exhibit Materials 2).

Vice Chair Healey

VII. Next steps

- Final confirmation of Roles for the Quality Institute at next meeting. Staff will work on crafting draft overarching role.
- Confirm QI governance, structure and funding at next meeting.
- Staff review panel consisting of Tina Edlund and Ilana Weinbaum from staff and Glenn Rodriguez, Maureen Wright and Brett Sheppard of the Committee will bring back draft logic model.
- Staff will begin to draft QI Report to the Delivery Committee.

Vice Chair Healey

X. Public Testimony

- Van Ellet, AARP who is involved with several Coalitions and was involved with California reform proposal provided input about the importance of transparency and independence, evidenced-based care and data reporting. Written testimony submitted. Committee questions and discussion on transparency efforts in California, reporting by other states, patient registries and the delicate balance between allowing for innovative care and relying on evidenced-based care guidelines. There is no AARP definition of transparency. Discussion on IT and data collection.

Vice Chair Healey

XI. Adjourn

Meeting adjourned at approximately 5:00 p.m.

Next meeting is February 27, 2008.

Submitted by:
Paula Hird
Office Specialist

Reviewed by:
Ilana Weinbaum
Policy Analyst

EXHIBIT SUMMARY

1. Draft Minutes from 2/5/08 Meeting
2. Revised Assumptions
3. Revised Problem Statement
4. Crossing the Quality Chasm, Appendix B: Redesigning health Care with Insights from the Science of Complex Adaptive Systems
5. Updated Roles for Quality Institute
6. Possible Models for a Quality Institute
7. Flip Chart Notes for 2/27/08 Meeting

OREGON HEALTH FUND BOARD (OHFB)
DELIVERY SYSTEM COMMITTEE QUALITY INSTITUTE WORKGROUP

February 5, 2008
1:00 p.m. – 5:00 p.m.

Legacy Emanuel Lorenzen Center
Portland, OR

MEMBERS PRESENT: Vickie Gates, Chair
Maribeth Healey, Vice-Chair
Nancy Clarke
Jim Dameron
Gwen Dayton
Gil Muñoz
Ralph Prows, MD
Brett C. Sheppard, MD
Glenn Rodríguez, MD
Mike Williams (by phone)
Maureen Wright

MEMBERS EXCUSED: Richard Cohen
Bob Johnson
Maureen Wright, MD

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHP
Sean Kolmer, Data and Research Manager, OHP
Ilana Weinbaum, Policy Analyst
Nicole Janeba, Intern

OTHERS ATTENDING: Carol Turner, Facilitator

ISSUES HEARD:

- Call to Order/Approval of 01/10/08 Minutes
- Review outcomes, ground rules for meeting, decision making
- Basic Assumptions
- Problem Statement
- Roles of the Quality Institute
- Public Testimony

Vickie Gates

I. Call to order at approximately 1:00 pm and Approval of 01/10/08 minutes

- There is a quorum.
- Workgroup members and staff introduced themselves.
- Review of minutes.

Motion to approve the 01/10/08 minutes approved without changes. No objections. **Motion passed.**

Chair Gates welcomed back Carol Turner, facilitator, who is continuing to work with the Committee in drafting their recommendations.

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

Carol Turner

II. Review outcomes, ground rules for meeting, decision making

Facilitator Carol Turner reviewed the ground rules as set forth at the January 10 meeting, stating the need to:

- Confirm Key Assumptions
- Confirm and Identify Priorities
- Begun to Identify the key issues around structure

Meeting on March 27 will be spent on structuring governance issues.

Carol Turner

III. Confirm Basic Assumptions (See Exhibit Materials 4)

Chair Gates discussed relating rationale for recommendations and that, in lieu of a minority report, dissenting comments and descriptions as well as lack of consensus would be stated in the main report.

- **Bullet 1** – Discussion whether this should be a role. Remove the “main function of the” from the first sentence.
- **Bullet 2** – Discussion on expanding the assumption and changing to state that it will be “essential for sustainable reform” to include sustainable health care reform Discussion about whether the institute will be in the position to measure improved quality.
- **Bullet 3** – Discussion on expanding the assumption to reflect affecting systematic change, assessment, and monitoring.
- **Bullet 4** – Integrate main ideas into other bullet points (move reduce duplication to Bullet 1).
- **Bullet 5** – Discussion on “adequate resources” as including funding, making sufficient progress.

Staff will revise Draft Assumptions based on comments.

Carol Turner

IV. What problems are we trying to solve? Which are most important? Key Causes? (See Exhibit Materials 5)

Discussion of Problem Statement with directions for staff to make the following changes:

- **Bullet 1** – Discussion on changing statement to include “need for stronger mechanism . . .” and add quality improvement and transparency efforts to coordination. Other changes to sub-points included expanding and adding clarifying language and adding sub-point on “missed opportunities” and partnerships.
- **Bullet 2** – Committee moved language to reflect that there was no “comprehensive measurement” and it should be related “across the health care delivery system.” Sub-points remained unchanged.
- **Bullet 3** – Expand main point to specify that “Limited resources” is in reference to quality improvement and transparency. Add third sub-point relating to “systemic mobilization” and “reducing duplicative efforts.”

See flip chart notes for additional points discussed.

Carol Turner

V. Confirm Roles (See Exhibit Materials 6)

Committee discussed identifying macro-level and micro-level goals.

Discussion of **Policy Advising**

- Remove second bullet regarding interfacing with public health agencies.

Discussion of **Consumer Engagement**

- Staff will rework language on consumer engagement, combining the two supporting bullet points.

Discussion of **Provider Improvement and Technical Assistance**

- **Bullet 1** – Add “the ability to produce” and exist to apply to wider delivery system
- **Bullet 3** – not just developing, but disseminating health information technology and training workforce to use it
- The QI has a role in disseminating information in relation to quality improvement is discussed and direction provided for rewording by staff.

Discussion of **Value-Based Purchasing**

- Change heading to “**Systemic Measurement of Quality**”
- Remove bullets 2, 3, and 4
- Committee discussed costs associated with quality and whether collecting cost data was an appropriate role for the Institute.
- See Comments on Cost Discussion on flip chart notes.

Discussion of changes to “**Coordination and Collaboration**”

- **Bullet 2** – Sentence 2, change “based on” to “aligned with.”
- **Bullet 3** – Add “evaluating” to first sentence as well as including advocating incentives for quality improvement.
- **Bullet 4** – Remove

Carol Turner

VI. Prioritize Roles

Confirmed prioritization of QI roles in the following order:

- Coordination and Collaboration
- Systemic Measurement of Quality
- Provider Improvement and Technical Assistance
- Consumer Engagement
- Policy Advising

Carol Turner

VII. What are key questions regarding governance, structure?

The committee debated a “bricks and mortar” institute versus “virtual”, value-added, lean model. Concern expressed about creating another regulatory agency.

Carol Turner

VIII. Identify Information needed for next meeting.

Models to look at include: Maine Quality Forum, Pennsylvania Health Care Cost Containment Council, Puget Sound, Minnesota.

Vickie Gates

IX. Next Steps

There will be another meeting in February and one is scheduled for March. Members are urged to think about priorities as though money was immediately available and what should be done first.

Vickie Gates

X. Public Testimony

No public testimony was offered.

Vickie Gates

XI. Adjourn

Meeting adjourned at approximately 5:00 p.m.

Next meeting is February 27, 2008.

Submitted by:

Paula Hird
Office Specialist

Reviewed by:

Ilana Weinbaum
Policy Analyst

EXHIBIT SUMMARY

1. Draft Agenda
2. Draft Minutes from 01/10/08
3. Flip Chart Notes from 01/10/08
4. Draft of Revised Assumptions
5. Draft Quality Institute Problem Statement
6. Updated and Scored Roles for Quality Institute

DRAFT

**OREGON HEALTH FUND BOARD (OHFB)
DELIVERY SYSTEM COMMITTEE QUALITY INSTITUTE WORKGROUP**

January 10, 2008
1:00 PM

Northwest Health Foundation
Bamboo Room
221 NW Second Ave Ste 300, Portland, OR

MEMBERS PRESENT: Vickie Gates, Chair
Maribeth Healey, Vice-Chair
Nancy Clarke
Jim Dameron
Gwen Dayton (by phone)
Gil Muñoz
Ralph Prows, MD
Brett C. Sheppard, MD
Kathy Savicki (by phone)
Maureen Wright, MD
Mike Williams

MEMBERS EXCUSED: Richard Cohen
Bob Johnson
Glenn Rodríguez, MD

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHP
Jeanene Smith, Administrator, OHP
Barney Speight, Executive Director, OHFB
Ilana Weinbaum, Policy Analyst
Sean Kolmer, Data and Research Manager, OHP
Zarie Haverkate, Communications Coordinator

OTHERS ATTENDING: Carol Turner, Facilitator
Eileen Brady, OHFB

ISSUES HEARD:

- Call to Order/Approval of 01/03/08 Minutes
- Review and Possible Approval of Revised Definition of "Transparent"
- Roles for Quality Institute
- Public Testimony

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

Vickie Gates **I. Call to order at 1:20 pm and Approval of 01/03/08 minutes**

- There is a quorum.
- Workgroup members and staff introduced themselves.
- Review of minutes.

Motion to approve the minutes of 01/03/08 are approved without changes. No objections. **Motion passed.**

Vickie Gates **II. Review and Possible Approval of Revised Definition of "Transparent" (see exhibit materials)**

The Committee discussed the revised definition of Transparent prepared by staff and suggested the following changes:

- First sentence: change “. . . relationships between patients, providers” to “. . . relationships among patients, providers. . .”
- Third sentence: two changes to include adding the word “appropriate” and deleting a part at the end of the sentence so that it reads:

This includes, but is not limited to, providing consumers and other health care purchasers with the appropriate information necessary to make health care decisions based on the value of services provided and giving providers the tools and information necessary. ~~to compare performance against the performance of other providers.~~

Motion to approve the revised definition of Transparent with the recommended changes is seconded. No objections. **Motion passed.**

Carol Turner

III. Facilitated Discussion about Starting Assumptions for Quality Institute

Chair Gates introduced Carol Turner, facilitator, who will be working with the Committee in drafting their recommendations.

The expected outcomes are (1) identifying the key assumptions and (2) initially identifying and increasing understanding of potential roles.

What will the Quality Institute look like? What problems are being solved? Ultimate goal is to give recommendations on State’s role to Delivery Committee in March.

Overview of ground rules for working in a group and reaching a consensus, including using a rating system.

Group discussion about starting assumptions for QI based on document prepared by staff and chair (Exhibit 5). See Flip Chart Notes (Exhibit 8) for summary of discussion.

Carol Turner

IV. Roles of “Quality Institute”

Work group broke up into small groups to discuss proposed roles of a Quality Institute (Exhibit 6). Each group was asked to consider a select number of the proposed roles and publicly record their answers to the following questions (Exhibit 8):

- 1) Is the role clear? Clarify words/phrases?
- 2) What excites you about this potential role?
- 3) The challenge(s) with this role is...
- 4) What other organizations/efforts are working in this area?

Group discussion about potential roles. Following the group discussion, members voted for each role using the following scale (Exhibit 8):

1 – No

- 2 – No, have too many doubts
- 3 – Neutral, but can live with it
- 4 – Yes, with questions
- 5 – Yes, love it

Gwen Dayton and Kathy Savicki will email their ratings on the points covered to Ilana.

Vickie Gates

IV. Public Testimony

No public testimony was offered.

Vickie Gates

V. Adjourn

Meeting adjourned at approximately 5:00 p.m.

Next meeting is February 5, 2008.

Submitted by:
Paula Hird
Office Specialist

Reviewed by:
Ilana Weinbaum
Policy Analyst

EXHIBIT SUMMARY

- 1 – Draft Agenda
- 2 – Draft Minutes from 1.3
- 3 – Revised Definition of Transparent
- 4 – Quality and Transparency Language in SB 329
- 5 – Draft Starting QI Assumptions
- 6 – Possible Roles for QI
- 7 – Quality and Transparency Initiatives Matrix for Oregon
- 8 – Flip Chart Notes

OREGON HEALTH FUND BOARD (OHFB)
DELIVERY SYSTEM COMMITTEE QUALITY INSTITUTE WORK GROUP

January 3, 2008
1:00 PM

Legacy Meridian Hospital
Community Health Education Center
Rooms 117 B & C, Tualatin, OR

MEMBERS PRESENT: Vickie Gates, Chair
Maribeth Healey, Vice-Chair
Nancy Clarke
Jim Dameron
Gwen Dayton
Gil Muñoz
Ralph Prows, MD
Glenn Rodríguez, MD
Kathy Savicki
Maureen Wright, MD (by phone)
Mike Williams
Bob Johnson

MEMBERS EXCUSED: Robert Cohen
Brett C. Sheppard, MD

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHPR
Jeanene Smith, Administrator, OHPR
Barney Speight, Executive Director, OHFB
Ilana Weinbaum, Policy Analyst

ISSUES HEARD:

- Call to Order/Approval of 12/17/07 Minutes
- Review and Approval of Workgroup "Vision for Quality Transparency"
- State Quality Improvement Models: Presentation from Dennis Scanlon, Penn State Center for Health Care and Policy Research, and Group Discussion
- Public Testimony

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

Chair

I. Call to order and Approval of 12/17/07 minutes

- There is a quorum.
- The minutes were reviewed and approved without changes.
- Workgroup members and staff introduced themselves.
- Barney Speight thanked the group for their participation and spoke on the role of the Quality Institute and the need for sustainability, consensus and involvement.
- Mike Williams provided other work group members with copies of the Book Best Care Anywhere: Why VA Health Care is Better Than Yours by Phillip Longman. Also suggested Health Care Now: A Prescription for Change by George Halvorson.

Vickie Gates

II. Review and Approval of Workgroup: "Vision for Quality and Transparency" (see exhibit materials).

- The Committee discussed the definition of Transparent from the draft including:
 - financial clarity;
 - definition of a transparent health care system and whether all committees would use one definition for a transparent health care system;
 - that the first sentence of the definition regarding transactions should include all providers;
 - collection and access of data to identify patterns and new dangers; and
 - transparency outside of systems and inside systems may be different.
- It was the consensus of the Committee to accept the definition on quality and work further on the definition of transparency.

Dr. Dennis Scanlon

III. State Quality Improvement Models: Presentation from Dennis Scanlon, Penn State Center for Health Care and Policy Research, and Group Discussion (see exhibit materials).

Dr. Scanlon related the following information:

- Described his work in Health Systems Improvement Research
- Described current problems that make this type of work necessary
- Suggested a framework for approaching the work group's charge
- Discussed 'Theory of Change' models of behavior change, assumptions and evidence base
- Presented examples and results of quality improvement efforts from around the country
- Key takeaways and implications for Quality Institute Workgroup

Discussion and Questions

- Importance of having short-term and long-term milestones.
- Value of combining of cost and quality efforts.
- How much can we do in Oregon that will not be absorbed by the federal changes to the health care system? Why do we need something different in Oregon than what has been developed in other states? Important to consider history and politics of a state when considering reform options. Using nationally recognized standards of measurements of quality is important. It is not necessarily about a different plan but choosing the most appropriate approaches for Oregon.
- Importance of electronic health records – not just getting them into practices but training staff on how to use them.
- Need for community based interoperability to speed up the transformation process.
- The opportunity to encourage collaboration by providers. Collaboration around quality initiatives could lead to common system of reporting that reduces administrative burden on providers.
- What can we do about quality in regards to the payment system? Experience shows quality improvement efforts should be coupled with payment reform to achieve real change.

- Delivery System Committee is looking at medical home or integrated health home and the need to redesign delivery and reimbursement together. Discussion of quality measurement and improvement as related to promotion of medical home.
- The need to be able to measure in order to manage.
- Discussion on ability of State as a purchaser of health care to show its commitment to quality improvement, as well as create an attractive market for providers.
- Is the Institute's role primarily measurement or are there other roles? The Committee will begin addressing this at the next meeting.
- Discussion on the question of the Institute's role to provide technical support in quality improvement.
- What will be the structure of the Institute? Will also start to be addressed at the next meeting.
- Are there developments in the Delivery System Committee that the Quality Institute should be aware of as they form recommendations? Reminded members about submitting ideas to staff.
- It was noted that Dr. Scanlon related the importance of having realistic expectations and not trying to accomplish too much too quickly. Also discussed importance of creating systems that allows for issues to be revisited and revised.
- Discussion of a possible virtual model of the institute and the need to be able to adjust the direction based on feedback and environment change.
- Evaluation mandate of 329. Request of members for staff to provide work group with Quality Institute expectations from SB 329.
- Staff will send out a sortable list of what others are doing in Oregon with information on data collection, public reporting, reporting to providers, technical support and education, and suggested adding a column with Dr. Scanlon's domain. In addition, slides from Dr. Scanlon's presentation will be emailed, along with descriptions of select state quality improvement efforts prepared by staff. Committee was also provided with copies of the CMS Quality Improvement Roadmap.

Vickie Gates

IV. Public Testimony

No guests present wished to provide testimony. At future Committee meetings, 20 – 30 minutes will be set aside for public testimony.

Meeting adjourned at approximately 4:50 p.m.

Submitted by:
Paula Hird
Office Specialist

Reviewed by:
Ilana Weinbaum
Policy Analyst

EXHIBIT SUMMARY

- 1 – Draft Agenda
- 2 – Draft Minutes
- 3 – Draft Vision for Health Care Quality and Transparency in Oregon
- 4 – Links for State-sponsored Hospital Report Cards
- 5 – Select State Quality Improvement and Transparency Efforts
- 6 – Powerpoint presentation by Dr. Dennis Scanlon
- 7 – CMS Quality Improvement Roadmap

OREGON HEALTH FUND BOARD (OHFB)
DELIVERY SYSTEM COMMITTEE QUALITY INSTITUTE WORK GROUP

December 17, 2007
2:00 PM

Northwest Health Foundation
Bamboo Room, Portland, OR

MEMBERS PRESENT: Vickie Gates, Chair
Maribeth Healey, Vice-Chair
Nancy Clarke
Jim Dameron
Gwen Dayton
Gil Muñoz
Ralph Prows, MD
Glenn Rodríguez, MD
Kathy Savicki
Brett C. Sheppard, MD
Maureen Wright, MD
Mike Williams

MEMBERS EXCUSED: Robert Cohen
Bob Johnson

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHP
Jeanene Smith, MD, Administrator, OHP
Ilana Weinbaum, Policy Analyst

ISSUES HEARD:

- Introductions
- Election of Chair and Vice-Chair
- Review of Workplan
- Review of Delivery System Committee Charter and Oregon Health Fund Board Design Principles and Assumptions
- Environmental Scan of Quality Improvement Initiatives in Oregon
- Vision for Quality in a Reformed Healthcare System
- Public Testimony

Tina Edlund

I. Call to order at approximately 2:10 - There is quorum.

Workgroup members and staff introduced themselves.

II. Nomination and Election of Chair and Vice Chair

The Committee unanimously approved Vickie Gates to serve as Chair and Maribeth Healey to serve as Vice Chair.

III. Review of Work Group Workplan

The work group reviewed the draft workplan (Exhibit 3). The group will meet on January 3 and be joined by Dennis Scanlon from Penn State, who will help the group analyze the strengths and weaknesses of other state's quality improvement efforts. On January 10, February 5 and February 27, the group will develop recommendations for the state's role in improving quality of care in Oregon.

Committee members were especially interested in learning about models that have and have not worked in other states and at the federal level (CMS demonstration project). Staff will prepare background material on other state efforts for next meeting.

IV. Review of Delivery System Committee Charter and OHFB Design Assumptions and Principles

Jeanene Smith summarized charge given to Quality Institute Work Group in the Delivery System Charter, as well as the Design Assumptions and Principles of OHFB (Exhibits 4 and 5). Ms. Gates distributed and discussed Oregon Health Policy Commissions related to improving quality (See OHPC Roadmap).

Work group discussed how work of the QI Work Group fits in with work of the Delivery System Committee as a whole.

- Ms. Clarke asked whether recommendations from the work group are limited to roles for the state in facilitating data collection and dissemination.
- Mr. Munoz asked what type of authority the work group will have and whether the main goal should be to lower cost or improve quality. Asked whether could make recommendations that required certain changes or behaviors or whether just setting out best practices. Ms. Gates responded that it is up to the group to determine if they will make recommendations for voluntary or mandatory initiatives.
- Ms. Gates recommended that the group think in two worlds – what would quality look like as part of a larger comprehensive reform and would changes could be made in quality realm even if comprehensive reform failed. Dr. Rodriguez pointed out that other reforms, such as the establishment of an exchange, could open up new opportunities for quality improvement through requirements on accountable health plans. Ms. Gates noted that she wants to make sure that the notion of

accountable health plans does not discourage collaboration across health plans and communities.

Work group members agreed that work group would need to define terms in the charter, including quality and transparency. The work group members agreed that the Institute of Medicine Quality Chasm preamble and definition of quality was a good place to start. There was discussion about various components and possible definitions of transparency. Some work group members don't feel like transparency is a useful term in health care discussions.

V. Environmental Scan of Quality Improvement Efforts in Oregon

- Ms. Clarke updated group on focus and progress of Quality Corporation efforts, focusing on Robert Wood Johnson Foundation funded Aligning Forces for Quality.
- Ms. Dayton told group about efforts of Oregon Association of Hospitals and Health Systems bringing various stakeholders together to define common measures of quality and exploring opportunities to create a data repository of information from various reporting tools.
- Mr. Dameron updated group on progress made by Patient Safety Commission in building adverse event reporting systems, using results to drive safety initiatives and making Oregon the safest state in the nation. Mr. Dameron suggested the work group might want to look at the structure of the Patient Safety Commission, as a "semi-independent state agency" as a model for a quality institute.

Staff distributed matrix which described quality improvement efforts in Oregon (Exhibit 6) and asked for work group feedback on organizations that were missing or information that needed to be updated.

- Dr. Sheppard discussed efforts of Oregon Chapter of American College of Surgeons to engage hospitals in the state in the National Surgical Quality Improvement Program (NSQIP)
- Dr. Prows mentioned HB 2213, which would require health plans to provide their enrollees with information about out of pocket costs for certain procedures. Staff will find out what progress has been made in implementing this bill and will report back to the group.
- Work group members requested a summary of federal government quality improvements efforts that could potentially impact the state.

VI. Vision for Quality in a Reformed Healthcare System

A number of work group members stated again that they think the IOM Quality Chasm preamble and definition of quality are a good place to start in developing a vision for quality. Ms. Clarke noted that the Quality Corporation has translated these principles into simpler language.

- Dr. Wright suggested that the group might want to set specific goals for the state, i.e. leader in prevention.
- Ms. Sivicki talked about how mental and behavioral health largely left out of the quality discussion, but account for a large part of healthcare spending. She would like to ensure that a system for measuring quality of mental and behavioral health services is created.
- Ms. Healy discussed role of quality in supporting the patient-provider relationship and as an important part of trust.
- Ms. Clarke suggested that the work group should consider multiple ways to stage quality improvement efforts. Different tools and information will be useful for different groups – consumers, purchasers, peer groups, individual providers.
- Ms. Dayton wants to make sure group focuses on how state can move towards higher quality. There is a lot of good work going on and need to find a way to coordinate into a common effort.
- Dr. Rodriguez thinks that quality problems arise because don't have a "system" so it is difficult to provide feedback.

Staff will work with chair and vice-chair before the next meeting to draft a Vision for Quality, starting with the IOM preamble and definition of quality and incorporating member comments.

V. Public Testimony Public Testimony

No guests present wished to provide testimony. At future Committee meetings, 20 – 30 minutes will be set aside for public testimony.

Meeting adjourned at approximately 4:45 p.m.

Submitted by:
Ilana Weinbaum
Policy Analyst

Reviewed by:
Tina Edlund
Deputy Administrator

EXHIBIT SUMMARY

- 1 – Agenda
- 2 – Work Group Roster
- 3 – Draft Work Group Workplan
- 4 – Delivery System Committee Charter
- 5 – OHFB Design Principles & Assumptions