

PRELIMINARY STAFF MEASURE SUMMARY**CARRIER:**

Senate Committee on Senate Health Care

REVENUE: No revenue impact (introduced)**FISCAL: May have fiscal impact, statement not yet issued****Action:****Vote:****Yeas:****Nays:****Exc.:****Prepared By:** Zena Rockowitz, Administrator**Meeting Dates:** 3/2, 3/18

WHAT THE MEASURE DOES: Creates the Health Plan Quality Metrics Committee (Committee) to develop health outcome and quality measures for Coordinated Care Organizations, and plans offered by Public Employees' Benefit Board and Oregon Educators Benefit Board. Requires Committee to consist of an individual appointed by the Oregon Health Authority (OHA), Oregon Educators Benefit Board, and Public Employees' Benefit Board. Specifies appointees must have expertise in health care research and quality measures. Specifies appointees must represent insurers, consumers, and self-insured large employers. Requires Committee to publish recommendations and to consider other state and national health methodologies. Requires Committee to develop a format for collecting consumer responses to health outcome and quality measures and to encourage Oregon Health Authority and boards to publicly report findings. Requires consideration of health outcome and quality measures in contracting for health benefit plans. Eliminates the Metrics and Scoring Committee. Declares operative date of January 1, 2016. Declares emergency, effective on passage.

ISSUES DISCUSSED:

EFFECT OF COMMITTEE AMENDMENT: -1 Amendment: Modifies membership composition of Health Plan Quality Metrics Committee. Requires committee to be single body to align requirements of health care data reporting, incorporate metrics into coordinated care organization contracts, evaluate and streamline measures and data, publish data at aggregate levels, convene subcommittees to gain expertise in particular areas. Abolishes metrics and scoring committee appointed by director of Oregon Health Authority (OHA). Directs OHA to adopt rules for coordinated care organizations' qualification criteria for contracting with OHA. Requires Administrator for Oregon Health Policy and Research to establish and maintain a program that requires reporting of health care data. Directs rules to be consistent with standards adopted by American National Standards Institute, Centers for Medicare and Medicaid Services and the National Council for Prescription Drug Programs that establish time, place, form, and manner of reporting data. Directs data to be reported to consumers of health care. Requires development of comprehensive health care information system.

BACKGROUND: Health care quality and outcome measures indicate how well health care services are being delivered and consider a variety of factors such as cost, utilization, satisfaction and access. Quality measurement provides comparable data on which to evaluate and make decisions regarding care. The federal Agency for Healthcare Research and Quality and the National Committee for Quality Assurance develop evidence based measures to evaluate quality. For example, the percentage of women age 50 to 74 years of age who had a mammogram to screen for breast cancer or percentage of adults who reported whether they were provided specific discharge information from a hospital. Measures are calculated by using insurance claims data, medical records and surveys.

In 2013, House Bill 2118 created the Health Plan Quality Metrics Workgroup to recommend core outcome and quality measures. The workgroup reports that the Oregon Health Authority, Oregon Educators Benefit Board and the Public Employees Benefit Board have no standard set of quality and outcome health care measures. While organizations collect a substantial number of measures, specifications and data sources used to calculate measures may vary across organizations. The workgroup recommends developing a common set of statewide health improvement priorities and goals to guide quality measurement efforts.

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This summary has not been adopted or officially endorsed by action of the committee.