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March 18, 2015

The Honorable Monnes Anderson
Chair, Senate Committee on Health Care
State Capitol
Salem, Oregon 97301

RE: Senate Bill 440, Statewide health care metrics committee

Dear Senator Monnes Anderson and members of the committee:

Providence Health & Services has been an ardent champion of efforts to improve health care by measuring quality and outcomes across the continuum. Since the adoption of Oregon's patient-centered medical home model in 2009 and the inception of coordinated care organizations in 2011, Providence has been a strong supporter of Oregon's health care transformation work. Along with the entire health care community, we have embraced the complexity, accepted the risk and adopted a "learn-as-we-go" attitude. In doing so, we can all be proud of the remarkable accomplishments we've made in a short period of time.

As Oregon's largest health system - including eight medical centers, 46 primary care clinics, a robust network of home and community based services and a health plan - Providence has experience implementing metrics across a wide spectrum of payers and clinical settings. Today, metrics in Oregon are developed in silos. While there may be crossover between PEBB, OEBC and the CCO process, the overlap isn't universal, nor part of a larger, long-term strategy around improved health outcomes.

A new metric, particularly one that requires adoption of a screening tool or clinic level data, involves significant training and changes in workflow for our doctors, nurses and clinic staff no matter which payer is establishing the measure. Providers cannot change workflows based on an individual patient's insurance; to do so would create even more confusion. The lack of a coordinated and consistent approach to quality measure adoption across all payers creates a tremendous burden for frontline caregivers.

Providence is a major provider of Medicaid services in Oregon and we work closely with CCOs to implement the quality metrics established by the state. Since the inception of the CCO Metrics and Scoring Committee, and throughout each iteration of measures, the Oregon Health Authority has refined methodologies and reporting mechanisms because it was unclear whether CCOs and providers were measuring what the committee intended to measure. In some cases, we have been more than

half way through the measurement period when final methodologies were established or it was determined that a metric could not be measured with the data available. With over \$102.8 million dollars in 2014 CCO incentives tied to these measures, Providence supports a more intentional approach, as created by Senate Bill 440.

Senate Bill 440 establishes a new framework for aligning metrics across all payer types. The proposal would move the existing CCO Metrics and Scoring committee under the Oregon Health Policy Board, revise the membership of the committee and establish standards for adopting quality metrics. Importantly, the committee would develop a “metrics menu” so that in addition to CCOs, different entities in the state – commercial payers, OEBC, PEBC – would adopt metrics from the list. The bill, and amendments still in development, will require metrics to be: evidence-based with a relevant benchmark using state or national level data; implemented at least a year before they can be tied to performance incentives; and finalized at least three months before the measurement cycle begins.

The expansion of the current committee will ensure that clinicians, in addition to consumers, payers, CCOs and others can contribute and inform the process. By moving the committee under the direction of the Oregon Health Policy Board, the metric adoption process will be more transparent and consistent with the policy direction and broader health care priorities set by the Board.

Senate Bill 440 also starts to address the issues with data collection relative to metrics. Providers and payers are reporting more data than ever before, but more data doesn't always mean it's the right kind of data. Developing consistency in the metrics process will provide an opportunity for an intentional discussion around what data is really needed to ensure quality and transparency.

Quality measures are one of Oregon's most crucial tools for wide-spread adoption of the coordinated care model, improved population health and ultimately the achievement of the triple aim objectives. Providence supports efforts to develop innovative and transformative metrics that will improve health care delivery. Senate Bill 440 creates the structure necessary for Oregon to move this work forward in a standardized, thoughtful manner.

Thank you for the opportunity to share our perspective and experience on this important topic. We hope you'll join us in support of Senate Bill 440 with amendments.

Sincerely,



Dave Underriner
Chief executive officer
Providence Health & Services – Oregon