

STAFF MEASURE SUMMARY

Senate Committee On Health Care

**Fiscal:** Has minimal fiscal impact

**Revenue:** No Revenue Impact

**Action Date:** 04/15/15

**Action:** Do Pass With Amendments. (Printed A-Eng.)

**Meeting Dates:** 03/18, 04/15

**Vote:**

Yeas: 5 - Knopp, Kruse, Monnes Anderson, Shields, Steiner Hayward

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**WHAT THE MEASURE DOES:**

Eliminates Oregon Health Authority's (OHA) metrics and scoring committee and modifies duties of Oregon Health Policy Board. Directs Oregon Health Policy Board, in consultation with Public Employees' Benefit Board (PEBB), Oregon Educators Benefit Board (OEBB) and Department of Consumer and Business Services (DCBS) to develop strategic plan for collection and use of health care data. Specifies strategic plan includes clear objectives for how data will be used; performance metrics alignment; data to encourage coordinated care, quality, cost reduction and patient satisfaction; strategies for payment reform and alternative payment methodologies; alternative reporting and measurement; appropriate use of data; five-year vision and timeline. Creates Health Plan Quality Metrics Committee (committee) to work with PEBB, OEBB and DCBS to adopt health outcome and quality measures to align with requirements of data reporting to ensure metrics are coordinated, evidence-based and focus on statewide vision. Requires measures be aligned with strategic plan. Directs committee to be single body to apply metrics to services provided by Coordinated Care Organizations and health benefit plans. Requires committee to use public process. Specifies not all metrics must be used, but no metrics can be different than those identified by committee. Requires committee to prioritize certain measures including existing state and national measures, meaningfully adopted for three-year minimum. Requires committee to evaluate on regular and ongoing basis. Permits committee to convene subcommittees with area expertise. Requires measures to be considered or incorporated in contracts. Requires OHA to provide committee's identified outcome and quality measure data to Oregon Health Policy Board to publish at aggregate level for each coordinated care organization and health benefit plan. Requires published data to include quality measures, cost and health outcomes. Specifies requirements for OHA to notify coordinated care organizations of changes in contracts. Requires reports to Legislative Assembly. Designates operative and repeal dates. Declares emergency, effective on passage.

**ISSUES DISCUSSED:**

- Move away from payment for procedures to payment for outcomes model
- Elimination of Metrics and Scoring Committee which identifies performance metrics
- Parties to be involved with determining metrics
- Streamline the metrics that health care providers are incentivized to meet by various payers
- Alignment across the health care system
- Reduction in duplication of effort
- All major forms of public and private coverage are subject to different regulations
- Identifying data before measuring outcomes

**EFFECT OF COMMITTEE AMENDMENT:**

Replaces measure.

**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, they measure 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 (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.