

Testimony to Senate Committee on Health Care on Behalf of the Health Plan Quality Metrics Committee  
Kristen Dillon, MD – March 4, 2019

Chair Monnes Anderson, Vice-Chair Linthicum, and Members of the Committee:

I am Kristen Dillon, and I speak today as the Chair of the state's Health Plan Quality Metrics Committee, a sub-committee of the Oregon Health Policy Board.

I appreciate the invitation to appear before you today. I am grateful for your commitment to the health of Oregonians and health care improvement in our state.

The committee formed 2 years ago, and since then we have done extensive work around creating process and establishing a measure set, which we are about to do for the second time. We have also brought rigor to our criteria for measure selection, aligning our work with overall health goals for the state, and identifying gap areas where measures are not currently available to assess important aspects of health care.

I support your work through SB 735 because we have encountered some difficulties in achieving maximum potential of our work. On behalf of the committee, I respectfully offer the following recommendations:

**1) Add Oral Health Representation:**

Please add a representative with Dental Care and/or Oral Health expertise to the committee.

**2) Add Provider Measurement to Scope:**

Currently, the committee's scope has been interpreted as selecting measures only for the OHA to use in assessing health plans. As a result, we have not selected measures to apply between health plans and providers. If it is your intent, we request that you clarify that the intended use of the Health Plan Quality Metrics Committee set is

- a) for the OHA to measure the plans that they contract with and
- b) for health plans to use as they measure health care providers.

**3) Establish Structure for Hospital Measurement:**

The HPQMC has just recently requested that the Oregon Health Policy Board create a structure to aggregate hospital quality and safety measurement across all payers for every Oregon hospital.

With the sunset of the Hospital Transformation Performance Program, our committee could not identify a process for aggregating performance data for a hospital across all of the patients that the hospital serves. We believe this is the most, and in some cases only, reliable way to assess this important element of health care in the state. Because this structure was not in place, our committee did not adopt several high quality measures of important conditions because we could not envision a way to implement them. We request development of a structure for hospital measurement that minimizes the reporting burden on hospitals and health plans and avoids inaccurate results due to small populations being reported to each health plan.

Currently, the only way to measure any provider is based on what they report to each separate health plan, which splits up the population getting hospital care into small groups that are

statistically too small to generate meaningful data. By comparison, CMS' hospital measurement strategy uses all-payer data, even though the payment incentives are tied to Medicare payments. Of note, the HTPP did not include all Oregon hospitals. It only addressed Oregon's larger hospitals and did not include those with Critical Access status, which risks missing opportunities for improvement in our rural hospitals.

**4) Allow HPQMC Discretion to Create a Core Measure Set:**

In planning measurement strategy for health care in the state, whether through legislation or other avenue, please differentiate between

- a) a menu set of measures, where users must pick from the set but aren't required to use all, and
- b) a core set, where users must use all metrics on the list.

The HPQMC is currently only charged with creating a menu set. I respectfully request that HPQMC be given discretion to also create a small core set if they feel it's appropriate to achieve priority health goals through universal use of 5-10 measures.

**5) Allow Time for HPQMC to Adjust the Measure Set for Added Uses:**

In our work, the HPQMC focused on a specific use of the measure set: by the OHA in contracting with health plans (CCOs, OEBC, PEBB). If the set is to be expanded for use with health care providers and for use across all commercial plans, please allow the committee at least one review cycle to adapt the set and receive public comment and input.

Thank you again for your time. I'm happy to answer any questions.