

**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

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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