

**OREGON HEALTH FUND BOARD (OHFB)  
DELIVERY SYSTEM COMMITTEE QUALITY INSTITUTE WORKGROUP**

March 21, 2008  
1:00 pm to 5:00 pm

Portland State Office Building Rm 1B  
800 NE Oregon Street  
Portland, OR

- MEMBERS PRESENT:** Vickie Gates, Chair (by phone)  
Bob Johnson, DMD  
Nancy Clarke  
Jim Dameron  
Gwen Dayton  
Kathy Savicki  
Brett Sheppard, MD  
Richard Cohen, MD (by phone)  
Maribeth Healey, Vice-Chair  
Ralph Prows, MD
- MEMBERS EXCUSED:** Gil Muñoz  
Mike Williams  
Maureen Wright, MD  
Glenn Rodriguez, MD
- STAFF PRESENT:** Jeanene Smith, Administrator, OHP  
Tina Edlund, Deputy Administrator, OHP  
Sean Kolmer, Data and Research Manager, OHP  
Ilana Weinbaum, Policy Analyst, OHFB  
Zarie Haverkate, Communications Coordinator, OHP
- OTHERS ATTENDING:** Carol Turner, Facilitator
- ISSUES HEARD:**
- Call to Order, Introductions and Approval of 03/14/08 Minutes
  - Review Work Group Recommendations: Issues for further Discussion (Private Funding, Role Prioritization, Alignment with other efforts)
  - Approve Recommendations with Amendments
  - 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.

Vice Chair Healey

**I. Call to order, Introductions and Approval of 03/14/08 Minutes (See Exhibit Materials 2)**

- Meeting was called to order at 1:14 p.m.
- There was a quorum.
- Review and approval of minutes.

Vice Chair Healey/  
Carol Turner, Facilitator

**II. Review Work Group Recommendations: Issues for further Discussion (Private Funding, Role Prioritization, Alignment with other efforts) (See Exhibit 3)**

Facilitator Carol Turner recommended identifying areas of consensus and no consensus.

(Underlined statements in document are additions from last meeting.)

- Funding (page 5)
  - Bullet 3:
    - Concern for seeking funding during an economic downturn from stakeholders expressed.
    - Change last sentence from "Quality Institute will seek additional funding . . ." to ". . . may seek. . ."
    - Make last sentence a separate bullet.
    - For additional funding, include cautionary statement that money is not taken from other efforts.
    - Suggested that added bullet also relate that nothing should preclude the organization from embarking on other projects and collaborations and other grant funding, etc.
    - Not hybrid funding, but work will be hybrid.
    - Reporting to the legislature on QI discussed.
    - Leverage to coordinate existing work, not duplication (e.g. Q-Corp and Patient Safety Commission, which are funded by providers).
    - Need to make it clear that a robust quality system will receive "more bang for a buck."
    - Quality is a separate issue from regulation.
      - Discussion on the rational and variables of funding amount of \$1 million.
      - Make a statement saying that it is significant but humble.
      - Reference points are Maine and Q-Corp.
      - Goes for output as well as speed of execution. Output=efficiency.
  - Data Collection (page 6)
    - Bullet 5, last sentence
      - Implies it is imposing a requirement rather than the QI being allowed to collect data.
      - Concern expressed over making it voluntary as it will result in uneven reporting.
      - Boundaries are needed.

- The system may be a combination of mandatory and voluntary reporting.
  - Bullet 5, first sentence
    - Discussion of the use of the term “consumer experience” as relating to patient satisfaction, quality of care and the impact of patient’s perception on achieve a good outcome.
    - Discussion on adding “outcome.”
    - Include quality of care, patient outcomes and utilization of health care resources.
  - Bullet 5, first sentence – discussion regarding QI publishing data.
    - Ability to publicize in coordination with organizations publishing data.
    - Will it be available for researchers to cite in published work?
  - Bullet 3
    - Drop “community” from sentence.
- Doer-Supporter Role
  - Bottom of page 18, last complete sentence,
    - remove “more” from “more likely”
  - Page 19 , last sentence to read “At the same time, it is likely that the Quality Institute will often direct, support and fund as well as directly carry out . . .” Prioritize Roles/Tasks
  - Page 16, last paragraph to top of 17
    - Consolidate and coordinate data. Coordinate, align and endorse common measurements.
  - Discussion on what should be the first role of QI.
    - Reorder the bullets from page 6 and 7 to 1, 2, 5, 6, 4.
- Medical Home/Behavioral Health
  - Consensus on language on page 17 as written.
- Publicly Chartered Organization (vs. Public Corporation)
  - Include reasons for a QI as a publicly chartered organization:
    - State funds
    - Liability protection
    - Statutory mandate
    - Data confidentiality protection
    - Ability to make rules
    - Health oversight agency
    - Flexibility
  - Page 18
    - 2<sup>nd</sup> bullet - should read “long term state funding.”
    - 4<sup>th</sup> bullet – remove the word “all.”
- Transparency
  - Appropriateness, feasibility and reasonable availability of transparency discussed and identified in document.
  - Page 6, 2<sup>nd</sup> Bullet
    - Add sentence: Balancing value of data vs. burden of consolidation (use Acquired Infection Language).
- QI Relationship to Other Organizations
  - Consensus on language as written.

- Impact/Description of QI
  - Page 12, Assumptions 1 and 3 discussed.
  - Discussion on capturing the core statement for QI from:
    - page 4 (bottom of 2<sup>nd</sup> paragraph): “. . . Quality Institute to serve as a leader and unify existing efforts . . .”
    - page 12 under first assumption: “The Quality Institute will coordinate, strengthen and supplement current and ongoing initiatives . . .”
    - page 6, first sentence: “The overarching role will be to lead Oregon toward a higher performing health care delivery system by...”
    - page 12 under first assumption, last sentence: “Quality improvement and increased transparency. . .”
    - two keystones of the core are quality, access and transparency. Making a bold statement about quality is suggested.
    - Staff will draft and return to the Committee for review.

Vice Chair Healey

**III. Approve Recommendations with Amendments**

Committee reached a consensus to approve the draft as amended.

Vice Chair Healey

**IV. Public Testimony**

**Scott Gallant, Oregon Medical Association**, provided testimony on the clarity, reducing burden on physicians for providing data and credentialing. Response by Committee and discussion.

**(II. Review of Work Group Recommendations continued)**

- After hearing testimony, the Committee agreed to amend page 15 of document to include “lessen the burden of data collection and reporting that currently complicates the provision of health care.”
- Discussion of raising the requested amount to \$2 million dollars. Sean Kolmer and Ilana will develop a more exact budget based on experience in Oregon and other states and add appendix to support funding request. In addition, funding should be indexed for increases over the ten-year period.
- Clear statement on protection of individual physician and individual patient identity suggested. Board of Medical examiners charge is to deal with physicians practices.
- Clarification of why “utilization of health care resources” (page 6, bullet 6) was added.

Facilitator Carol Turner debriefed the committee including identifying what worked well and what would be changed.

The Committee thanked the staff for its work.

Vice Chair Healey

**XI. Adjourn**

Meeting adjourned at approximately 4:40 p.m.

**Next meeting is by phone to approve changes to report for delivery to Delivery Systems Committee on April 17.**

Submitted by:  
Paula Hird

Reviewed by:  
Ilana Weinbaum

EXHIBIT SUMMARY

1. Draft Agenda
2. Draft Minutes from 03/14/08
3. QI Recommendations

DRAFT