

**Oregon Educators Benefit Board  
Quality Workgroup  
Minutes  
September 27, 2007**

The Quality Workgroup of the Oregon Educators Benefit Board held a regular meeting on September 27, 2007, at the Willamette Education Service District, 2611 Pringle Road, in Salem, Oregon. The meeting started at 9:45 a.m.

**Attendees**

Workgroup Members:

Victor Musial,  
Peter Tarzian

Workgroup Members absent:

Alison Little, MD

PEBB/OEBB Staff:

Jean Thorne, PEBB/OEBB Administrator  
Glenn Baly, Program/Policy Development Coordinator  
Rose Mann, Executive Assistant

Consultants:

Geoff Brown, Watson Wyatt

Guests:

Steve Schmick, Kaiser Permanente



**Geoff Brown** stated that he is filling in for Michael Wood, the subject-matter expert on disease/case management from Watson Wyatt at this first meeting. Michael has a long history in disease management and case management. He has worked for AETNA and Mercer. He is articulate and passionate about this topic. Geoff explained that today the workgroup will be laying down some foundational information and the goal is to form recommendations on what might be included in the RFPs.

**Jean Thorne** stated that the immediate goal is recommendations for the RFP process. These recommendations should include what might be used as minimum requirements for the RFP, what might be considered when scoring carrier proposals, and other potential requirements relating to the long-term goals.

**Jean Thorne** stated that today the workgroup will give the Board an idea of the direction of the workgroup and as Michael is able to join the workgroup then the workgroup can discuss topics in greater detail.

**Geoff Brown** suggested that the workgroup meet once a week.

**Jean Thorne** stated that the workgroup could meet by telephone. The conference call meeting is considered a public meeting and has to be held in a location that will provide the public access to hear the meeting in person.

**Victor Musial** asked if the workgroup should have a chair and what the process would be for making recommendations to the board.

**Jean Thorne** suggested that the workgroup come to consensus as opposed to having a formal vote.

**Geoff Brown** suggested that the group remain informal.

**Peter Tarzian** agreed and stated that the group should agree to come to consensus.

The workgroup came to consensus that the process should remain informal.

**Victor Musial** suggested that OEBC staff assigned to the workgroup facilitate setting up future meetings with the other members.

**Geoff Brown** presented information (Attachment 1) on Health Management Best practices. Disease Management/Case Management, when done well, is a value added component of health care. 75% of people represented in health plans are generally pretty healthy and at low risk- while these people represent 75% of lives they only represent 11% of the cost. People who have unforeseen illnesses, acute episodes or early onset of chronic diseases (hypertension, high cholesterol, diabetes) represent 21% of covered lives and 40% of costs. People with chronic diseases or who develop catastrophic illnesses represent 4% of covered lives and 49% of costs.

**Geoff Brown** stated that The National Business Group on Health's research shows that the best performers in health plans take a multi-faceted approach to health care that includes:

- ✓ Health and productivity improvement programs
- ✓ Effective information delivery
- ✓ Appropriate financial incentives
- ✓ Data and metrics

- ✓ Quality care based on procedural outcomes

**Geoff Brown** explained that if teachers are healthier then they will be more energetic and enthusiastic in their classrooms, give more to their students, and that is a cost savings to the districts because they do not have to hire substitute teachers.

**Peter Tarzian** explained that his school district initiated, as part of the collective bargaining agreement that part of any unused sick leave be returned in the form of cash or some other benefit. The district's sick leave dropped by 30%. He stated that he believes the staff is healthier and as a result of that one small incentive.

**Jean Thorne** asked, in OEBC looking at different approaches to promote health, wellness and manages disease, what are the elements that OEBC can require from health plan providers in this area. Programs, delivery systems, plan design – certain incentives within plan design. OEBC can suggest things that can be done.

The workgroup discussed various strategies that OEBC as well as school districts might use to manage health and develop wellness programs. The workgroup spent some time discussing wellness programs such as smoking cessation, obesity and disease management.

The workgroup discussed the importance of engaging districts to ensure effective implementation of wellness programs.

The workgroup discussed the possibility of making participation in eValue8 a criteria for bidding on RFPs. This will provide a baseline of data for successful bidders. Subsequent reports can then be used in the future as the basis for contract renewals.

The workgroup discussed some priority areas that might be included in the RFPs (including, but not limited to):

- ✓ Support to interoperable health information technology (HIT) – to include operating an Electronic Medical Record.
- ✓ Reporting of HEDIS (Health Plan Employer Data and Information Set) or HEDIS-like measures. HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service such as asthma medication use, persistence of beta-blocker treatment after a heart attack, controlling high blood pressure, comprehensive diabetes care, breast cancer screening, antidepressant medication management, childhood and adolescent immunization status, and advising smokers to quit.
- ✓ Member supports for preventive and other care
- ✓ Member decision-support tools
- ✓ Tobacco use prevention and treatment

✓ Prescription drug management

✓ Disease and case management

The workgroup will meet again next week.

The meeting ended at 11:45 a.m.