

Oregon Health Policy Board

Health Plan Quality Metrics Committee Charter

I. Authority

The Health Plan Quality Metrics Committee (“Committee”) is established by Senate Bill 440 (2015), Section 2 (4) as a body that reports to the Oregon Health Policy Board (“Board”).

The Committee is the single body to align health outcome and quality measures used in this state with the requirements of health care data reporting to ensure that measures and requirements are coordinated, evidence-based and focused on a long term statewide vision.

Full text of Senate Bill 440 can be reviewed at:

<https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/SB440/Enrolled>

II. Charge

The Committee is charged with working collaboratively with the Oregon Educators Benefit Board (OEBB), the Public Employees’ Benefit Board (PEBB), the Oregon Health Authority (OHA) and the Department of Consumer and Business Services (DCBS) to adopt health outcome and quality measures that are focused on specific goals and provide value to the state, employers, insurers, health care providers and consumers.

The Committee is charged with using a public process that includes an opportunity for public comment to identify health outcome and quality measures that may be applied to services provided by coordinated care organizations (CCOs) or paid for by health benefit plans sold through the health insurance exchange or offered by OEBB or PEBB.

The measures identified by the Committee must take into account the recommendations of the Metrics and Scoring Subcommittee and the differences in the populations served by coordinated care organizations and by commercial insurers.

The Committee may convene subcommittees to focus on gaining expertise in particular areas such as data collection, health care research and mental health and substance use disorders in order to aid the Committee in the development of health outcome and quality measures.

In identifying health outcome and quality measures, the Committee shall prioritize measures that:

- Utilize existing state and national health outcome and quality measures, including measures adopted by the Centers for Medicare and Medicaid Services, that have been adopted or

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endorsed by other state or national organizations, and have a relevant state or national benchmark;

- Given the context in which each measure is applied, are not prone to random variations based on the size of the denominator;
- Utilize existing data systems, to the extent practicable, for reporting the measures to minimize redundant reporting and undue burden on the state, health benefit plans, and health care providers;
- Can be meaningfully adopted for a minimum of three years;
- Use a common format in the collection of the data and facilitate the public reporting of the data; and
- Can be reported in a timely manner and without significant delay so that the most current and actionable data is available.

The Committee shall make efforts to adopt measures that are least burdensome for providers and shall evaluate on a regular and ongoing basis the identified health outcome and quality measures.

III. Committee Membership

Committee membership shall include the following members appointed by the Governor:

- An individual representing the Oregon Health Authority;
- An individual representing the Oregon Educators Benefit Board;
- An individual representing the Public Employees' Benefit Board;
- An individual representing the Department of Consumer and Business Services;
- Two health care providers;
- One individual representing hospitals;
- One individual representing insurers, large employers or multiple employer welfare arrangements;
- Two individuals representing health care consumers;
- Two individuals representing coordinated care organizations;
- One individual with expertise in health care research;
- One individual with expertise in health care quality measures; and
- One individual with expertise in mental health and addiction services.

In addition to statutory requirements regarding membership of the Committee, the following principles are hereby adopted regarding membership composition. Committee membership should include:

- A broad mix of health care perspective from providers, hospitals, health plans, and CCOs.
- Subject matter experts that account for a "whole person care" perspective, in areas such as behavioral health, dental health, and long-term care.
- Representatives from individuals or organizations that work with disproportionately affected populations including geographic diversity.

IV. Deliverables

The Committee shall deliver:

- Initial menu set of health quality and outcomes measures
- Regular evaluation and update of the menu set

The Committee may take the following actions.

- Make formal recommendations and reports to the Board.
- Charter subcommittees and/or workgroups on various topics, including data collection, health care research, mental health and substance use disorders, and metrics alignment.
- Identify priorities for metrics work.
- Request data and reports to assist in preparing recommendations / creating menu set of measures.
- Provide a Committee member to serve as a liaison to other committees or groups as requested.

In addition to the deliverables and actions listed above, the Committee shall take direction from the Board.

As established in Senate Bill 440, the Oregon Health Authority shall submit two reports to the Legislative Assembly on the activities of the Health Plan Quality Metrics Committee. The first report shall be submitted during the 2017 regular legislative session. A second report shall be submitted during the 2019 regular legislative session. The OHPB will review these reports and provide guidance as needed.

V. Dependencies

The Committee will seek information from and collaborate with a wide range of partners including but not limited to:

- Oregon Health Authority
- Department of Human Services
- Department of Consumer and Business Services
- Early Learning Council
- Oregon Department of Education's Early Learning Division
- Health care professional licensure and certification boards
- Health care employers and providers
- Oregon health professional associations

VI. Oregon Health Authority Staff Resources

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The Committee is staffed by the Office of Health Analytics, as led by the Director of Health Analytics, for the Oregon Health Authority. Support will be provided by other OHA leaders, staff, and consultants as requested or needed.

VII. Amendments and Approval

This charter may be amended by a vote of 2/3 majority of Committee members. An amended charter requires approval by the Board before it takes effect.