

Common Themes within Goal Statements in Five Key Oregon Health and Health Care Strategy Documents¹

- All documents are directly or indirectly addressing the need to improve the health status of Oregonians. Key priorities appear to be:
 - Chronic disease management (Medicaid Waiver, Health Evidence Review Commission, Aligning ACA, Coordinated Care Model, Public Health Division)
 - Tobacco cessation (Public Health Division, Medicaid Waiver)
 - Obesity (Public Health Division, Medicaid Waiver)
 - Prevention services, particularly maternal and newborn care (Health Evidence Review Commission, Public Health Division, Medicaid Waiver)
- All documents advocate for improved health care delivery
 - Improved care coordination (Aligning ACA, Coordinated Care Model, Public Health Division, Medicaid Waiver)
 - Reduce avoidable ED visits and re-hospitalizations (Aligning ACA, Medicaid Waiver)
 - Better access to services (Aligning ACA, Public Health Division, Medicaid Waiver, Health Evidence Review Commission)
- Several documents have prioritized improved access to behavioral health services
 - Integrate primary care and behavioral health (Medicaid Waiver);
 - More suicide prevention services (Division of Public Health)
 - Medical/psychotherapy for schizophrenia (Health Evidence Review Commission)
- Several documents emphasize payment reform and cost containment priorities
 - Control growth rates (Aligning ACA)
 - Pay for outcomes or effectiveness (Care Coordination Model, Health Evidence Review Commission, Medicaid Waiver)
- Several documents promote increased data transparency
 - Plan options (Care Coordination Model)
 - Provider cost and quality information (Care Coordination Model)
 - Cost trends (Aligning ACA)
 - Epidemiology data (Public Health Division)

¹ The five documents are:

- Recommendations for aligning with the Affordable Care Act (Oregon Health Policy Board);
- Recommendations for the Oregon Health Policy Board (Coordinated Care Model Alignment Workgroup);
- Strategic Plan 2012 -2017 (Public Health Division);
- Prioritized List of Health Services Methodology (Health Evidence Review Commission)
- Medicaid 1115a demonstration waiver (OHA and CMS).

**Buying Value
Measure Selection Criteria Worksheet
February 13, 2014**

The priority performance goals of the program being measured are:

1. _____
2. _____
3. _____
4. _____
5. _____

I. Technical Measure Criterion (tests that each measure should meet)				
Potential criterion	Description	Include	Consider	Exclude
1. Evidence-based and scientifically acceptable	The measure will produce consistent (reliable) and credible (valid) results. The measure has been endorsed by the NQF or by another national body with a rigorous method for review and endorsement of measures (e.g., NCQA).			
2. Has a relevant benchmark	State, regional or national level performance data are available for the same measure.			
3. Not greatly influenced by patient case mix	Providers serving more complex or ill patients will not be disadvantaged by comparative measurement.			
II. Program-Specific Measure Criterion (tests that each measure should meet)				
Potential criterion	Description	Include	Consider	Exclude
4. Consistent with the goals of the program	The measure corresponds to a program performance priority.			
5. Useable and relevant	The intended users (consumers, purchasers, providers, and/or policy makers) can understand the results of the measure and are likely to find them useful for quality improvement and decision-making.			

Potential criterion	Description	Include	Consider	Exclude
6. Feasible to collect	The measure can be implemented and data can be collected without undue burden.			
7. Aligned with other measure sets	The measure aligns with a measure that providers in the program are otherwise required to report and/or for which they are held accountable.			
8. Promotes increased value	Improving this measure will translate into significant changes in outcomes relative to costs, with consideration for efficiency.			
9. Present an opportunity for quality improvement	There is a gap between baseline performance and best-practice performance.			
10. Transformative potential	Improving this measure will fundamentally change care delivery in a desired manner.			
11. Sufficient denominator size	In order to ensure that the measure is not prone to the effects of random variation, the measure should have a sufficient denominator in the context of the program.			
III. Potential Measure Set Criteria (tests that the overall measure set should meet)				
Potential criterion	Description	Include	Consider	Exclude
12. Representative of the array of services provided by the program				
13. Representative of the diversity of patients served by the program				
14. Not unreasonably burdensome to payers or providers				