

Oklahoma Health Care Quality Improvement Advisory Committee
November 15, 2007
Meeting Notes Summary

Dr. Crutcher opened the meeting just after 10:00 a.m. and welcomed the attendees. We will continue to work with this core group to define clear goals and objectives before expanding the size of the committee.

Dr. Crutcher discussed the handout titled "Improving Health and Assuring Access to High Quality, Affordable Health Care." Dr. Crutcher is a member of the Oklahoma team participating in the Robert Wood Johnson Foundation's "Strategic Coverage Initiatives" program. A variety of initiatives are underway in five major areas of effort: improving population health through prevention and health promotion; increasing availability and accessibility of health services; improving quality of the healthcare system and controlling costs; addressing disparities in health outcomes and access to care; and assuring adequate supply of well-trained health professionals.

The group discussed the importance of setting goals, in an effort to improve health outcomes, and to define what the group can do to improve health status. The quality of care component is a pillar of the overall effort. On the issue of access it was stated that states with high levels of access to care have better quality outcomes, so there is a connection. Oklahoma has low access to care. In addition to improving access, what can be done to improve health outcomes?

The question was asked about ways to incentivize providers. It was stated that in addition to education, there must be incentives. Education alone does not change behavior. Also, there must be public accountability -- the consumer and payer need to be more involved.

There was a discussion of pay for reporting versus pay for performance. It was mentioned that the AMA public advocacy regarding pay for performance. The Centers for Medicare & Medicaid Services (CMS) Pay for Performance is on its way.

The group was challenged to define clear categories of efforts. Which of the indicators do we feel we can do something about? Which types of settings are most important? Should we be looking at institutions or hospitals?

The group discussed two handouts of AHRQ indicators. The green shading indicates areas where Oklahoma was above average or average among other states. The second version shows the indicators broken out by disease 01

It was suggested that a common approach to addressing interventions across various provider settings. Each group should use a common template or model, and develop plans in the areas of:

- Education
- Accountability
- Consumer Engagement; and
- Incentives.

There was discussion about producing consumer reports, including reports that could go to the media. The need to link Oklahoma Hospital Association data with Health Department data also was mentioned. Online medical records access for emergency rooms also was discussed.

IT was suggested to giving more thought to the four themes that were mentioned, and then creating subgroups to address nursing homes, hospitals, and physicians' offices. Defining the structure for subgroups would be the key task. Each group should consider a plan for getting the business community more involved. The groups should be looking at actionable measures. These would be indicators that providers can affect.

The next meeting of the advisory committee the agenda could include setting parameters for the activities of the workgroups. They could discuss what goals they would pursue, and whether or not they are chasing AHRQ measures.

Additionally, the advisory committee should address the settings for which groups would be developed, including home health, long term care, non-long term care (hospitals), and outpatient practices. A chair for each working group could be chosen from the advisory committee.

Contact information for the advisory committee will be distributed. A meeting will be planned for January or February.

The meeting adjourned at 12:30 p.m.