



Learning Network for
**Chartered
Value Exchanges**

Market Scan & Sustainability Recommendations

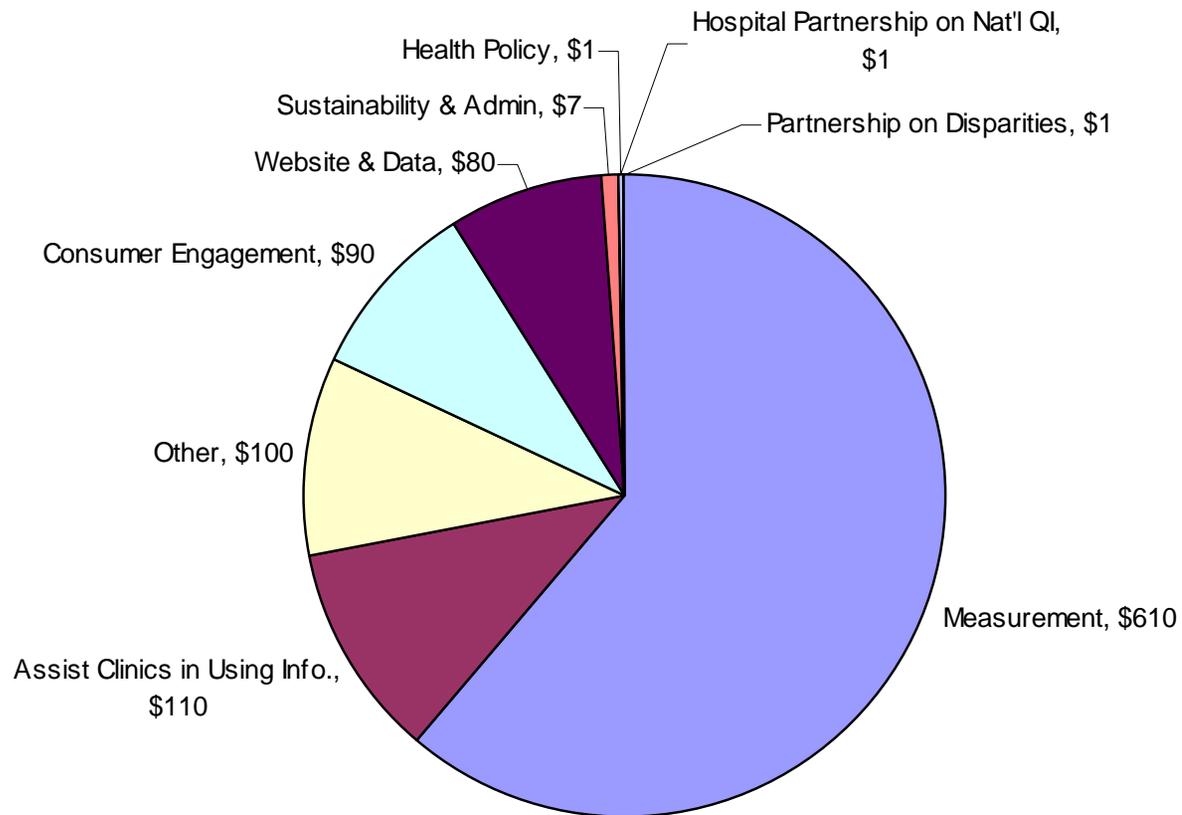
For Board Discussion

November 19, 2008

Today's Objectives

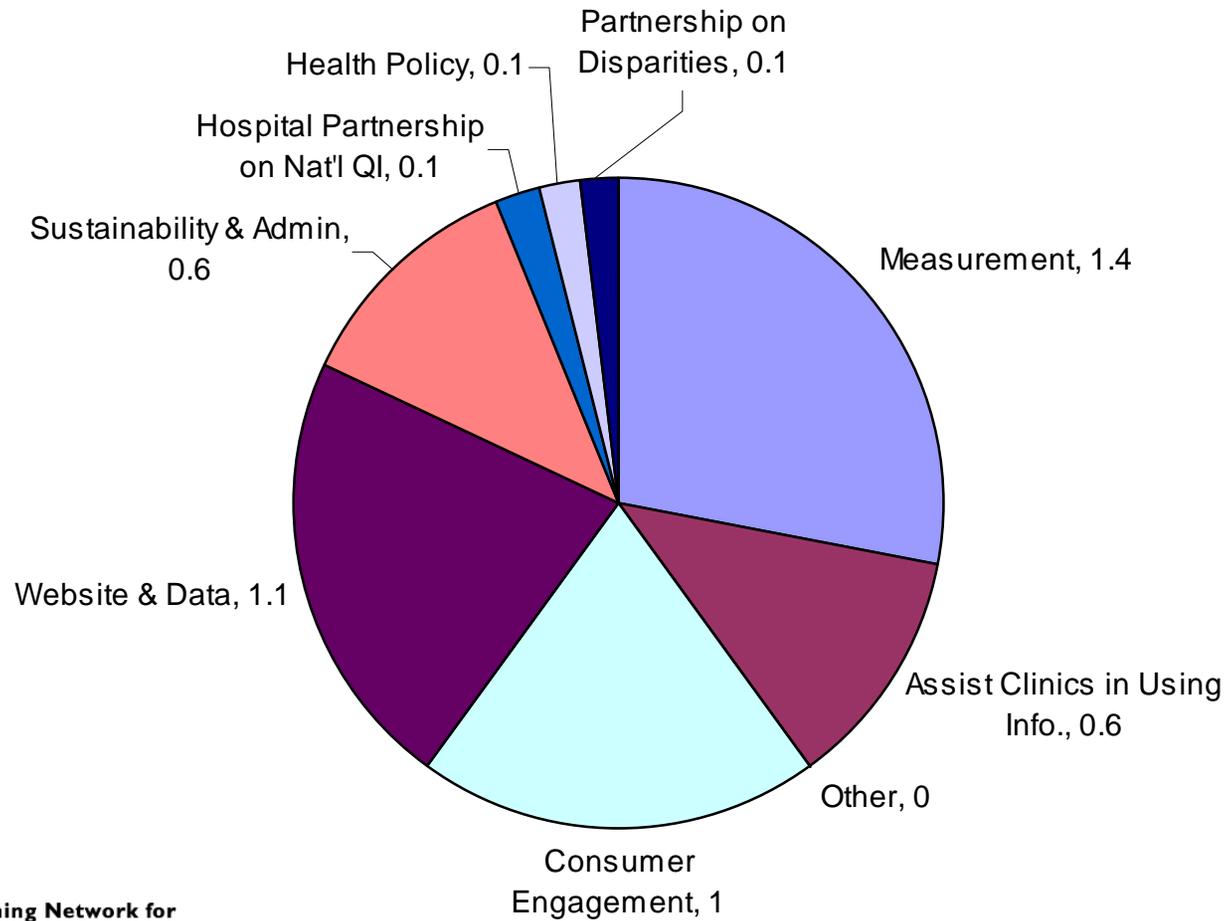
- Clarify questions from last meeting
- Affirm priorities for immediate action and future direction
- Commit to strategies to achieve priorities
- Review next steps

Current Expenditures By Program (000s)



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Current Employee Time By Program (Staff FTE)



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Current Priorities

Distribution of Work Effort (through December 2008)

		Priority Rank	One FTE	Two FTE	Three FTE	Four FTE	
Track 1: Measurement & Public Reporting	Aggregate Data	C1					3.4
	Publish Quality Information **	C3					2.1
	New-Report on Specialty Care	F4					0
	New-Report on Efficiency and Value	F2					0
Track 2: Foundation Commitments ** Includes Publishing Quality Information	Partnership to Engage Consumers	C2					2
	Partnership to Report on Disparities	C5					0.1
	Facilitate Hospital Partnership in Nat'l QI	C6					0.1
	Assist Clinics in Using Quality Info	C7					1.1
	Dissemination and Use of Dartmouth Atlas Data	XX					0
Track 3: Organizational Development	Shaping of Health Policy	C4					0.1
	Development & Sustainability	XX					0.6
Track 4: New Program Development	New-Explore ICSI Model	F1					0
	New-Explore Provider Incentives	F3					0
Total							9.5

Legend

- Exec. Director
- Staff
- Contractor



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C1-7: Stakeholder priority ranking of current opportunities

F1-9: Stakeholder priority ranking of future opportunities

XX: Was not included in ranking surveys

Track 1: Measurement & Reporting

Funded through 2010, predominantly by Health Plans*

Today's Tasks

- Affirm commitment to this work as a core priority
- Affirm evolution toward reporting on specialty care and efficiency/value

Strategies

- Confirm what we need to do to ensure funding by Health Plans will continue
- Identify opportunities to expand and diversify funding beyond 2010



* Health Plans = 85%
Foundation Grants = 11%
Purchasers = 4%

Track 2: Foundation Commitments

Funded through 2011, with flexibility to design programs that achieve specified goals.

Today's Tasks

- Affirm distribution of efforts

Strategies

- Actively maintain relationship with RWJF
- Identify opportunities to expand and diversify funding
 - Scan other foundations for interest in funding specific work
 - Track Health Fund recommendations
 - Further explore health plan and/or purchaser interest

Track 3: Organizational Development

Funded primarily by Plans through 2010. Strategies for 2010+ will require additional core and program funding.

Today's Tasks

- Affirm allocation of effort
- Assign ongoing oversight responsibility and active role in supporting Nancy to Executive Committee

Strategies

- Identify opportunities to expand and diversify funding
 - Evaluate overlap in data aggregation activities with HFB recommendations
 - Compare to benchmarks of funding by plans and purchasers in other communities – explore opportunities to expand in Oregon
 - Explore opportunities for provider funding, such as potentially selling provider-clinic crosswalk lists



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Track 4: New Program Development

(ICSI Model; Provider Incentives)

Identified as high priorities. Board involvement needed to secure funding and shape direction.

Today's Tasks

- Obtain commitment for working group to further explore ICSI model, define options, and make recommendation to the Board.
- Confirm next steps for Provider Incentives: (1) Consider moving to Watch List OR (2) Obtain commitment for working group to explore further, define options, and make recommendations.

Strategies

- Scan other CVEs for strategies that are working.
- Scan foundations for funding opportunities.
- Explore partnership opportunities.

Track 5: Watch List

**Agreed to watch for future developments.
Not in scope at this time.**

Today's Tasks

- Affirm programs to remain on this list *
 - Interoperability of Electronic Health Records (F5)
 - Consumer Incentives (F6)
 - Provider Use of Electronic Medical Records (F7)
 - Reporting on Patient Experience (F8)
 - Monitor Quality of Care to Publicly Advocate (F9)

Strategies

- Revisit at least 2x per year to evaluate changes in the market and within the Quality Corporation.



*** Funding currently does not exist for these programs, except for Reporting on Patient Experience which is partially funded by RWJF.**

Evolution of Priorities – 2009

Short Term Shifts to Expand on Current Activities

		Priority Rank	One FTE	Two FTE	Three FTE	Four FTE	
Track 1: Measurement & Public Reporting	Aggregate Data	C1	10	10	10	10	2.9
	Publish Quality Information **	C3	10	10	10	10	1.6
	New-Report on Specialty Care	F4	3	3	3	3	0.5
	New-Report on Efficiency and Value	F2	3	3	3	3	0.5
Track 2: Foundation Commitments ** Includes Publishing Quality Information	Partnership to Engage Consumers	C2	10	10	10	10	1.5
	Partnership to Report on Disparities	C5	1	1	1	1	0.1
	Facilitate Hospital Partnership in Nat'l QI	C6	1	1	1	1	0.1
	Assist Clinics in Using Quality Info	C7	10	10	10	10	1.1
	Dissemination and Use of Dartmouth Atlas Data	XX	1	1	1	1	0
Track 3: Organizational Development	Shaping of Health Policy	C4	1	1	1	1	0.1
	Development & Sustainability	XX	1	1	1	1	0.4
Track 4: New Program Development	New-Explore ICSI Model	F1	1	1	1	1	0.4
	New-Explore Provider Incentives	F3	1	1	1	1	0.3
Total							9.5

Legend

- Exec. Director
- Staff
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Next Steps

- Complete Project Deliverables (Q4 08)
 - Sustainability Plan Document
 - Implementation Workplan
 - Dashboard to track progress
- Board Activities
 - Convene new working groups (Q1 09)
 - Support Nancy & Staff in executing plan; removing obstacles
 - Monitor progress via ongoing status reporting
 - Revisit on 6-month planning cycle

Reference Section

This section includes material from previous discussions, for easy reference.



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Sustainability Plan Criteria

Builds a sustainable position for the Quality Corporation mission and organization by:

- Advancing the Mission: Leads to real solutions for improving health care quality through better information and increased community-wide collaboration
- Acknowledging and responding to compelling circumstances
- Leveraging the unique value of the Quality Corporation
- Delivering tangible value to stakeholders within a timeframe that will keep their attention
- Meeting the expectations of current funders
- Attracting the attention of potential new funders



Part II: Market Scan

Summary Points

- Quality Corporation Niche: Recognition and respect for multi-stakeholder approach; not aware of “competitors” having that qualification
- Hoping that Quality Corporation doesn’t think “too small”
- Several cautions against taking on too much
- Frequent perception that “nobody” leading or innovating across stakeholder groups in key areas; innovations may be viewed as internally focused
- Increasing interest in access, value, and affordability, out of necessity
- ‘Good ideas have come out of Oregon, but collaborative execution has been a challenge.’

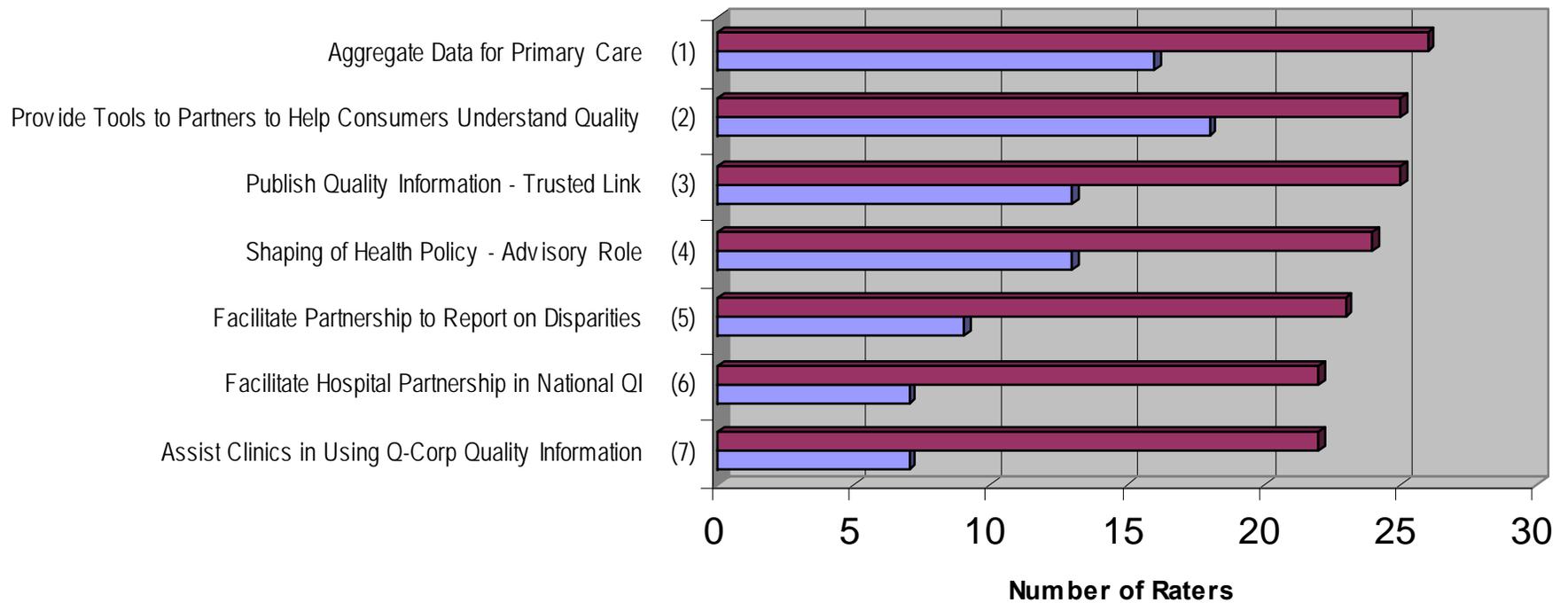
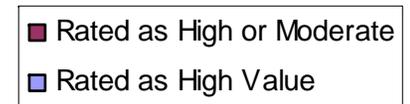
Market Scan Highlights

State Health Reform

- Considerable energy around reform recommendations; expecting some key components to move forward
- Expecting nonprofits and public-private partnerships to have a significant role in executing on those recommendations
- Expect state to take “partner/buy” vs. “design/build” approach
- Differing opinions about the Quality Institute
- Suggested additional promotion of Quality Corporation to position for future opportunities

Part III: Survey Results

Feedback on Current Programs



Highest Value Current Programs

by Type of Stakeholder

		Providers (8)	Health Plans (4)	Purchasers (3)	Health Services (4)	Consumer Advocates (4)	Public Policy (3)	All Others (4)
1	Aggregate Data for Primary Care	▲ X	▲		▲			▲
2	Provide Tools to Partners to Help Consumers Understand Quality	X	X	▲		▲		▲
3	Publish Quality Information - Trusted Link	X						
4	Shaping of Health Policy (Advisory Role)	X	X					▲
5	Facilitate Partnership to Report on Disparities	X	X	X	X	▲	▲	
6	Facilitate Hospital Partnership in National QI	X			X		X	
7	Assist Clinics in Using Q-Corp Quality Information	X			X	X	X	

>> **Caution: Number of respondents in each category is small** <<



▲ = Highest rating within that stakeholder group (may be tied)

X = Noted by at least one respondent as “low/no value”

Survey Results

Value of Future Programs

