Driving Market Change through Multi-stakeholder Collaboration

Civitas
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WASHINGTON HEALTH ALLIANCE
Leading health system improvement

Mission and Vision

The mission of the Washington Health Alliance is to build and maintain a strong alliance among purchasers, providers, health plans, and consumers **to promote health and improve the quality and affordability of the health care system in Washington state**.

Our vision is that physicians, other providers and hospitals in Washington will achieve **top 10% performance in the nation** in the delivery of equitable, high quality, evidence-based care and in the reduction of unwarranted variation, resulting in a significant reduction in the rate of medical cost trend.

Diverse Stakeholder Membership

WASHINGTON HEALTH ALLIANCE

Today at the Alliance: We Have Three Main Functions

We are a **TRUSTED CONVENER**
for stakeholders, promoting a collective conversation to transform care delivery and financing in Washington state

Promoting **TRANSPARENCY**:

Performance measurement and reporting is a core competency of the Alliance

Driving **ACTION**:

Promote and align strategies to have impact and improve performance based on data-driven insights

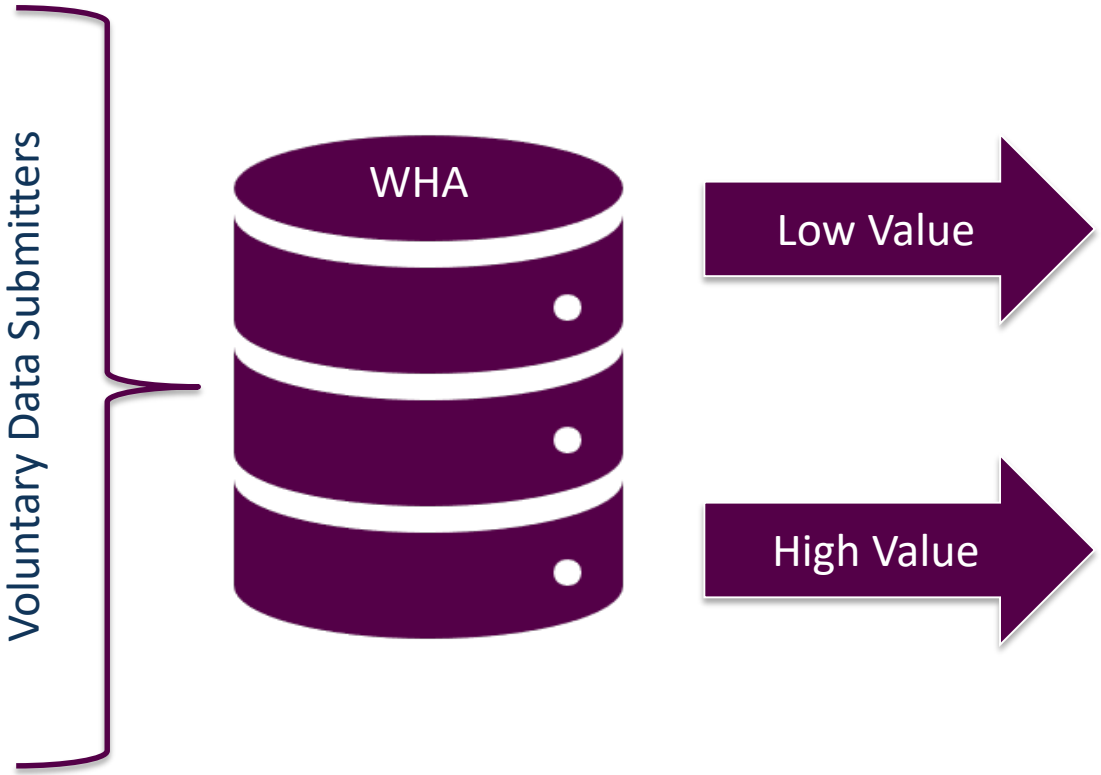
Phase 1: Aligning to Drive Value

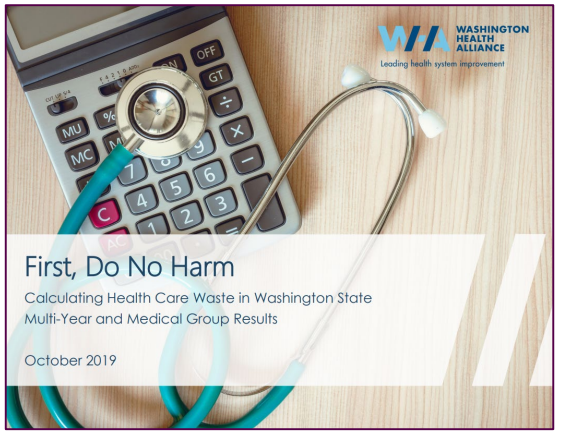
Overall Aim:

Use data and convening to inform and motivate purchasers to act individually and collectively to improve the value of care for their plan participants.

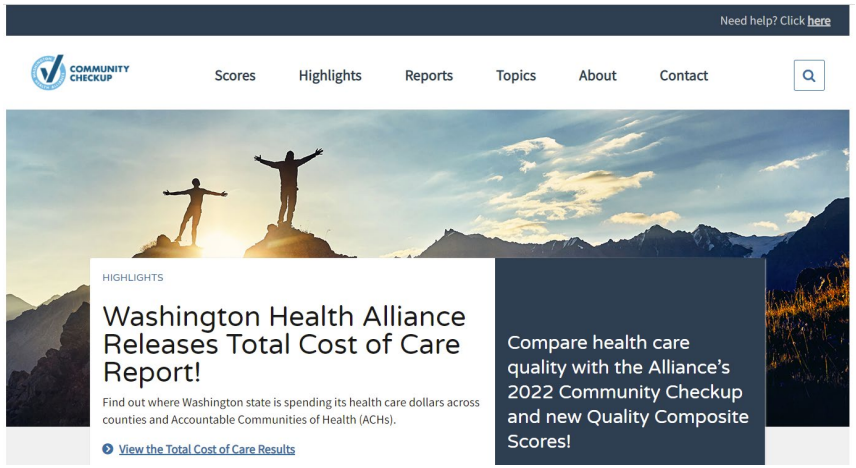
Driving Value Project

Using data to drive action





*Produced using the Milliman MedInsight Health Waste Calculator™



Health Waste Calculator Top Low-Value Services

Measure	WA State	A	B	C	D	E	F	G	H
Annual EKG or cardiac screening in individuals who are low-risk and without symptoms (M)	1	1	1	2	3	1	1	2	2
Opiates for acute low back pain (H)	2	2	2	1	1	5	4	1	1
Antibiotics for acute URI and ear infections (L)	3	4	4	4	2	2	2	3	3
Pre-operative baseline lab studies prior to low-risk surgery in healthy individuals (L)	4	5	5	3	5	3	3	4	4
PSA screening for prostate cancer in men (M)	5	3	3	10	4	4	5	5	5
Imaging tests for eye disease (L)	6	6	8	5	6	6	7	10	9
Too frequent cervical cancer screening in women (M)	7	7	7	7	10	8	8	9	7
Routine general health checks in adults 18-64 (L)	8	9	9	15	7	7	9	8	8
Screening for vitamin D deficiency (L)	9	8	6	6	8	9	6	6	6
NSAIDS prescribed for adults with hypertension, heart failure or chronic kidney disease (M)	10	10	11	8	9	11	11	11	10
Imaging for low back pain within 6 weeks of diagnosis (M)	11	11	10	11	11	10	10	7	11
Too frequent colorectal cancer screening adults 50-74 (L)	14	13	16	9	19	15	12	22	16

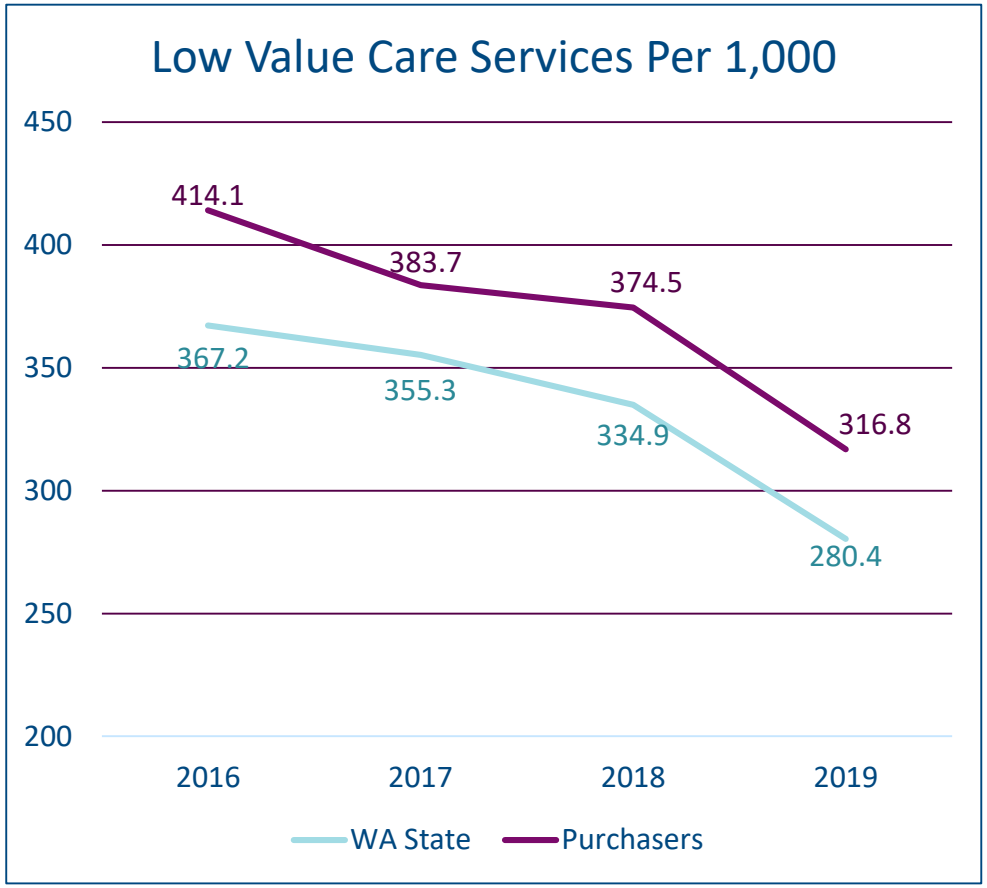
What We Found In The Data on Low Value Care

(42-month period from 1/1/2016 – 6/30/2019)

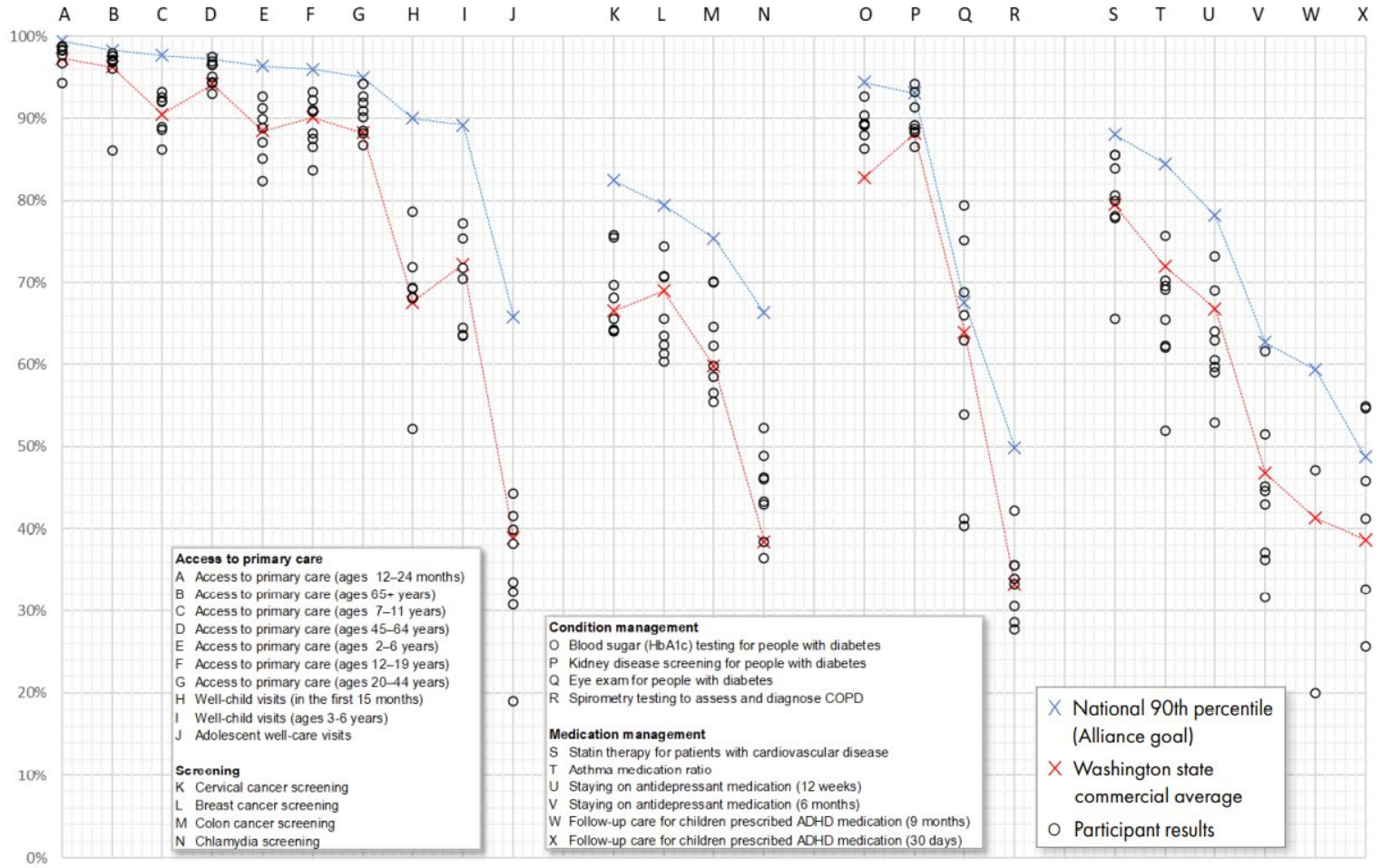
~20% individuals received at least one low-value service

> $320 million was spent on low-value care by these eight purchasers

The average cost per low-value service is ~ $129.00



What We Found in the Data on High Value Care



Phase 2: Taking Action on Low Back Pain

Overall Aim: Advancing the market to improve the value of care for all patients with low back pain in Washington state.

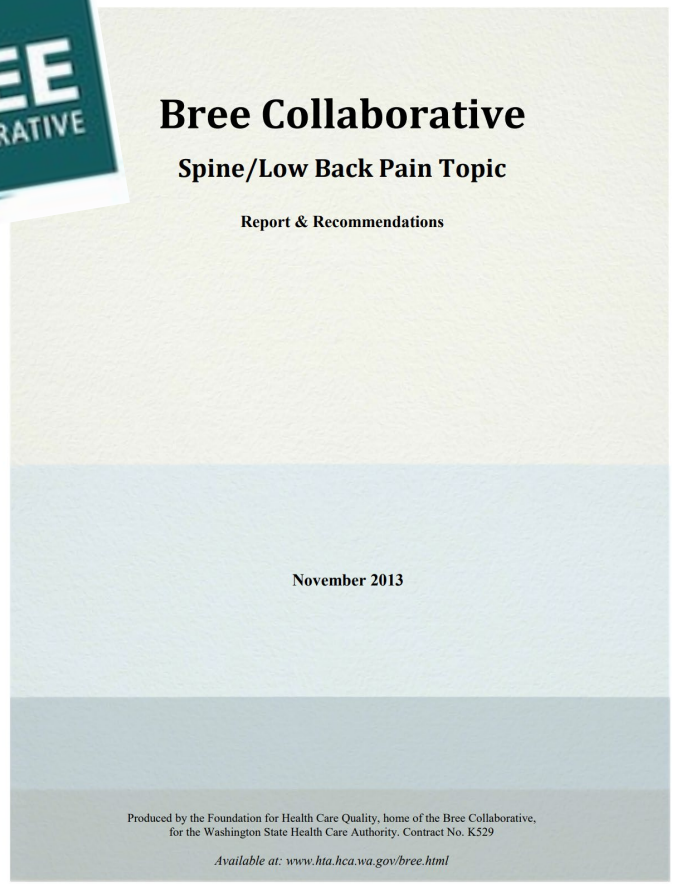
Low Back Pain: The Problem in Washington State

In 2020, more than 72,000 Washington residents received low-value care:

- more than 140,000 low-value services (inappropriate opioid prescriptions and unnecessary X-rays, MRIs and CT scans)
- at an estimated cost of nearly $10 million*

*Data from the Alliance's All-Payer Claims Database.

Strong Evidence-Base With Poor Implementation



[1] The management of LBP de-
cal examination findings.[2] Most
ng cause.[3] Low back pain is
an 12 weeks.[2] Because non-
health care expenditures, clin-
ased medical care.[4,5]

Invitations to Participate

Communicated the markers for success:

- aligns incentives for patients and providers,
- addresses equity concerns,
- ensures maximum adoption of the well-established evidence, and
- informs policies and/or market actions that break down barriers to implementation.

Participation Agreement commitments:

- implement benefit design, provider payment, and /or educational strategies by 2023;
- allocate corporate resources capable of committing on behalf of the organization; and
- participate in collaborative work starting in Feb. 2022 and lasting through March 2023.

Multi-Stakeholder Participants-14 Purchasers

- Association of Washington Cities
- Bloodworks Northwest
- The Boeing Company
- City of Seattle
- Davis Wright Tremaine
- King County
- Point B
- Port of Seattle
- SEIU 775 Health Benefits Group
- Seattle Metropolitan Chamber of Commerce/
- Business Health Trust
- Teamsters
- UFCW 21
- Washington Health Benefit Exchange
- Washington State Health Care Authority

Multi-Stakeholder Participants- 7 Providers

- Confluence Health
- MultiCare Health System
- Proliance Surgeons
- UW Medicine
- Virginia Mason Franciscan Health
- Washington Optum Care
- WA State Chiropractic Association

Multi-Stakeholder Participants

4 Health Plans

- Aetna
- Kaiser Permanente Washington
- Premera Blue Cross
- Regence BlueShield

5 Affiliates

- American Physical Therapy Association
- Aon
- Dr. Robert Bree Collaborative
- WA Acupuncture and Eastern Medicine Association
- Washington State Department of Labor and Industries

Progress to Date-Launch

February 3rd

- Resources
- Education by subject matter experts
- Facilitated breakout sessions to share key ideas and identify actions

Progress to Date-Stakeholder Meetings

March 8, 9, and 10

- Care Pathway
- Participant roster
- Follow up Q & As from launch

LBP Care Pathway – Draft

High Value Care

Low Value Care

Education/Prevention at all Levels

Patient/Member
Ergonomics
Exercise/Fitness/Nutrition
Financial Wellbeing
Injury Prevention
Low Back Pain Education
(the common course of LB symptoms, what is high- and avoiding low-value care)

Provider
Evidence Based Pathways

Experiencing Low Back Pain

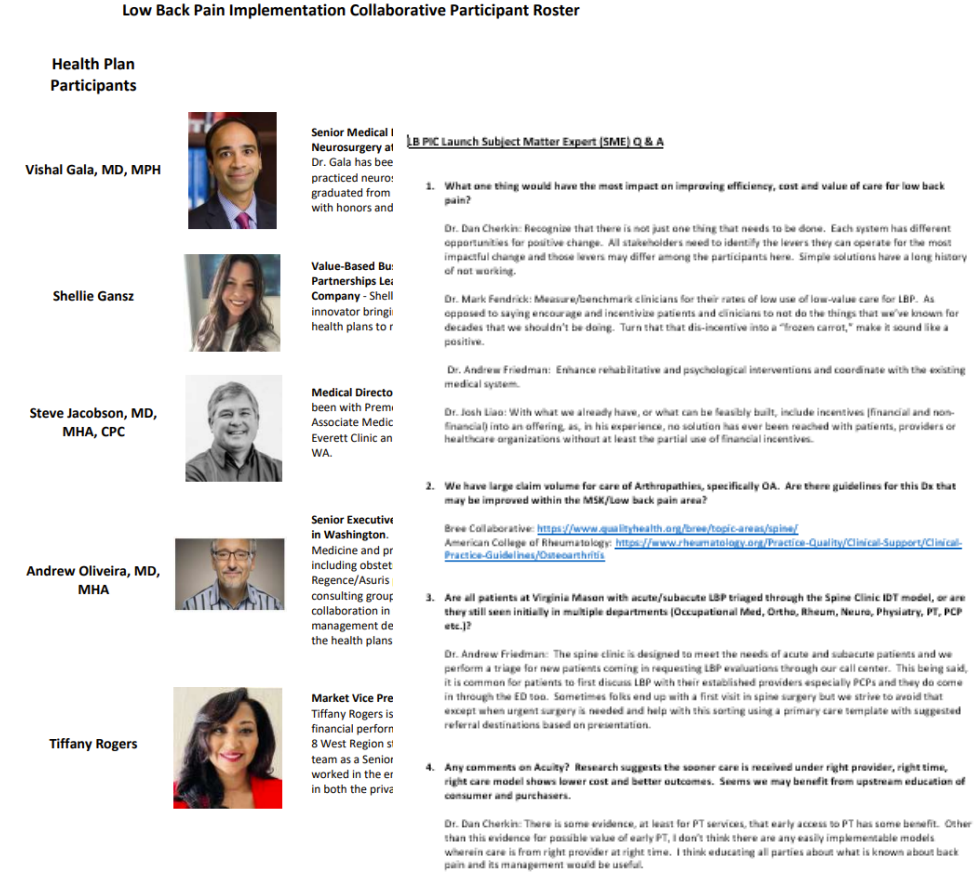
Emerge

Non-Eme

Increased Ease of Timely Access for Triage (Same or Next Day):

Chiropractor
Care Coordinator/Patient Advocate
Consulting Nurse
Physical Therapy
Primary Care Physician
Virtual Care – Point Solution Model
Other?

First Line of Care
Acupuncture
Behavioral Therapy and Mindfulne
Chiropractic Care
Education
Exercise
Follow Up Plan with Check Back Da
Massage
Non-Narcotic Pharmacological Thera
Physical Therapy
Restorative Neurostimulation
Shared Decision Making
Spinal Cord Stimulation



Low Back Pain Implementation Collaborative Participant Roster

Health Plan Participants

Vishal Gala, MD, MPH

Shellie Gansz

Steve Jacobson, MD, MHA, CPC

Andrew Oliveira, MD, MHA

Tiffany Rogers

LB PIC Launch Subject Matter Expert (SME) Q & A

1. What one thing would have the most impact on improving efficiency, cost and value of care for low back pain?

Dr. Dan Cherkin: Recognize that there is not just one thing that needs to be done. Each system has different opportunities for positive change. All stakeholders need to identify the levers they can operate for the most impactful change and those levers may differ among the participants here. Simple solutions have a long history of not working.

Dr. Mark Fendrick: Measure/benchmark clinicians for their rates of low use of low-value care for LBP. As opposed to saying encourage and incentivize patients and clinicians to not do the things that we've known for decades that we shouldn't be doing. Turn that that dis-incentive into a "frozen carrot," make it sound like a positive.

Dr. Andrew Friedman: Enhance rehabilitative and psychological interventions and coordinate with the existing medical system.

Dr. Josh Liao: With what we already have, or what can be feasibly built, include incentives (financial and non-financial) into an offering, as, in his experience, no solution has ever been reached with patients, providers or healthcare organizations without at least the partial use of financial incentives.

2. We have large claim volume for care of Arthropathies, specifically OA. Are there guidelines for this Dx that may be improved within the MSK/Low back pain area?

Bree Collaborative: https://www.qualityhealth.org/bree/topic-areas/spine/
American College of Rheumatology: https://www.rheumatology.org/Practice-Quality/Clinical-Support/Clinical-Practice-Guidelines/Osteoarthritis

3. Are all patients at Virginia Mason with acute/subacute LBP triaged through the Spine Clinic IDT model, or are they still seen initially in multiple departments (Occupational Med, Ortho, Rheum, Neuro, Physiatry, PT, PCP etc.)?

Dr. Andrew Friedman: The spine clinic is designed to meet the needs of acute and subacute patients and we perform a triage for new patients coming in requesting LBP evaluations through our call center. This being said, it is common for patients to first discuss LBP with their established providers especially PCPs and they do come in through the ED too. Sometimes folks end up with a first visit in spine surgery but we strive to avoid that except when urgent surgery is needed and help with this sorting using a primary care template with suggested referral destinations based on presentation.

4. Any comments on Acuity? Research suggests the sooner care is received under right provider, right time, right care model shows lower cost and better outcomes. Seems we may benefit from upstream education of consumer and purchasers.

Dr. Dan Cherkin: There is some evidence, at least for PT services, that early access to PT has some benefit. Other than this evidence for possible value of early PT, I don't think there are any easily implementable models wherein care is from right provider at right time. I think educating all parties about what is known about back pain and its management would be useful.

Progress to Date- Multi-Stakeholder Meetings

April 16

- Bright spots since launch
- Gain consensus on Care Pathway
- Collaborative breakout sessions

Bright Spots

Kristin Villas

Drew Oliveira, MD
Claire Verity

Long Nguyen, DO
Lindsey Whitney, RN

LB PIC All-Stakeholder Meeting 4/26/2022 – Break Out Session Questions

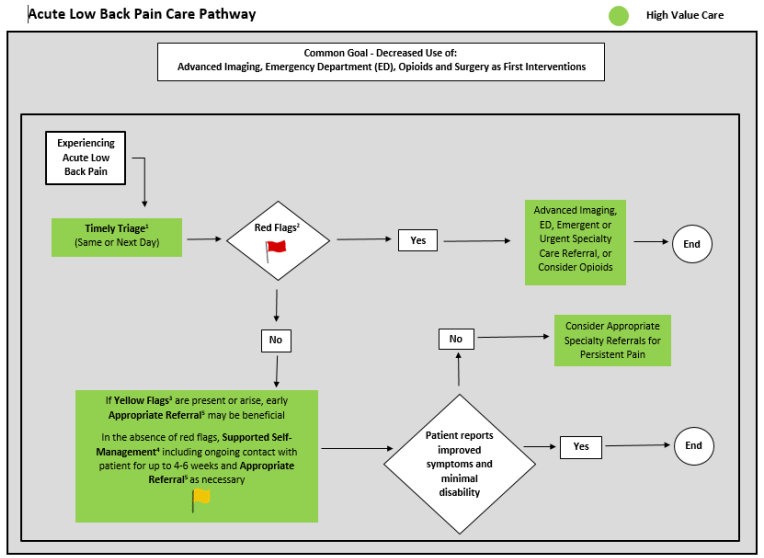
Now that we have agreed to the care pathway for people with acute low back pain in Washington, let's explore the ways we can work together collaboratively through a multi-stakeholder team to drive significant market change.

1. We all agree that the start of a person's journey matters and sets the course for strong evidence-based care. What actions can we take to ensure that patients get timely triage and appropriate access to high-value care options (as depicted in the care pathway)?
   - Coverage (Discuss the LBP Episode of Care payment model that exists and are purchasers adding it to their plan?)
   - Enhanced access/same day appointments; virtual care/triage; email option for patient/provider communication, etc.
   - Incentives (financial and non-financial, outside-of-the box)

2. The recent survey responses show collective interest in educating members/employees, patients and providers. Opportunities to provide supportive tools to all stakeholders also exist. What are the best modes of communication for this to be most effective? Would you agree to a coordinated effort across stakeholders?

3. What changes will you make and how will you measure advancing the agreed upon care pathway within your organization?

4. What do you anticipate being your greatest barrier to your stakeholder group? And what barriers will other stakeholder groups experience? What is the Collective's greatest barrier to success of this initiative?



Questions?

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