# Quality Improvement Committee (QIC)

Thursday, June 8, 2017

## MEETING SUMMARY

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| **Committee Members Present:** | Mary Anderson, *The Polyclinic/Physician Care Alliance*<br>Lydia Bartholomew, *Aetna*<br>Nancy Fisher, *Region X, Centers for Medicare & Medicaid Services (phone)*<br>Dan Kent, *UnitedHealthcare (Chair)*<br>Scott Kronlund, *Northwest Physicians Network*<br>Pat Kulpa, *Regence Blue Shield (phone)*<br>Randal Moseley, *Confluence Health*<br>Janet Piehl, *UW Medicine (phone)*<br>Hugh Straley, *The Robert Bree Collaborative*<br>Jonathan Sugarman, *Qualis Health* |
| **Committee Members Absent:** | David Buchholz, *Premera Blue Cross*<br>Christopher Dale, *Swedish Health Services*<br>Peter Dunbar, *Foundation for Health Care Quality*<br>Frances Gough, *Molina Health Care*<br>Bruce Gregg, *MultiCare Health System*<br>Matt Handley, *Kaiser Permanente*<br>Gary Knox, *Rockwood Clinic*<br>Peter McGough, *UW Medicine*<br>Bob Mecklenburg, *Virginia Mason Medical Center*<br>Dan Lessler, *WA State Health Care Authority*<br>Terry Rogers, *retired*<br>John Sobeck, *Cigna*<br>Lynette Wachholz, *The Everett Clinic* |
| **Staff and Guests Present:** | Casey Calamusa, *Washington Health Alliance*<br>Susie Dade, *Washington Health Alliance*<br>Nancy Guinto, *Washington Health Alliance*<br>Laurie Kavanagh, *Washington Health Alliance (phone)*<br>Pam McKiernan, *Washington Health Alliance* |

## INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

Dr. Dan Kent opened the meeting by welcoming everyone, especially new QIC member Dr. Mary Anderson, The PolyClinic/Physician Care Alliance. May meeting minutes will be sent electronically for approval.

**AN INTRODUCTION TO COMMUNICATION AND RESOLUTION PROGRAMS**

Dr. Moseley, Medical Director of Quality, Confluence Health introduced Communication and Resolution Programs (CRPs) in anticipation of a larger discussion with Dr. Thomas Gallagher (UW) at the September QIC meeting. CRPs emphasize early disclosure of adverse events with the goal of meeting the needs of those harmed and to promote learning to prevent recurrences. This introduction was an opportunity to learn from a colleague about a patient-centered approach to resolving conflict.

**METHODOLOGIES FOR ANALYSIS OF PRICE INFORMATION**

The Alliance Board Pricing Subcommittee have prepared methodologies and recommendations for producing three reports using pricing data. The primary audiences of these reports are Alliance purchaser, broker, provider and health plan members. Alliance consultant Jim Andrianos presented the proposals that the work group constructed (outlined below) and invited QIC member comment on the methodologies and messaging. On June 12, 2017 the Pricing Subcommittee will review the committee member input on the methodological proposals and the Alliance Board of Directors is expected to take final action in late June.

The reports approved in concept by the Board of Directors are as follows:

1. Price Variation by Clinical Condition and/or Episode of Care

2a. Price of Potentially Avoidable Services: Hospital Readmissions

2b. Price of Potentially Avoidable Services: Emergency Room Visits

3. Spending Trend Analysis

The QIC members agreed that this was a good activity for Alliance focus and that the proposed reports (including methodology) were suitable ways to initiate this activity utilizing pricing data. Members stressed the importance of being explicit throughout the reports regarding provider attribution, abbreviations, and defining the focus and use of each report. Report-specific comments and/or suggestions are as follows.

1. Price Variation by Clinical Condition and/or Episode of Care

    - When possible, include the specialty medical group of the admitting specialist (e.g., surgeon) in the report. It's understood that specialty provider rosters have to be completed to enable this level of reporting.
    - Think carefully about how attribution to the primary care medical group is discussed and represented in the report, particularly given that PCPs spend very little time in the hospital and have little to do with the care ordered in the hospital setting.

2a. Price of Potentially Avoidable Services: Hospital Readmissions

- Work with data suppliers to understand how readmissions will be reflected in pricing data if the hospital does not receive payment for patients readmitted within 30 days.
- Clarify how the report handles patients treated at one hospital (index admission) and readmitted at a different hospital
- Consider an additional talking point for purchasers: Higher spending for readmissions *may* accompany lower rates of readmissions if the severity of readmissions is going up (i.e., when targeted interventions reduce avoidable readmissions and the readmissions that remain reflect the care of sicker patients).

2b. Price of Potentially Avoidable Services: Emergency Room Visits

- When showing results by medical group, include information about the number of patients that are un-attributable to a medical group.

**PATIENT EXPERIENCE SURVEY**

Ms. Dade provided an informal update regarding the on-schedule Patient Experience Survey: surveys will be emailed at the end of July and written surveys will be mailed in August.

The next QIC meeting will be Thursday, July 13, 2:00 – 4:00 at the Alliance.