

Quality Improvement Committee (QIC)

Thursday, October 12, 2017

MEETING SUMMARY

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

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

Chair Dr. Dan Kent opened the meeting by welcoming all members and guests. Members approved the September 2017 meeting summary as presented. QIC members endorsed proposed new QIC member Dr. Sharon Eloranta, Division Director, Quality, CHI Franciscan Health.

- **ACTION: Approval of September 2017 meeting summary and endorsement of Dr. Eloranta to the Alliance Board of Directors.**

LEARNING FROM THE ALLIANCE-BREE OPIOID CALL TO ACTION

Ms. Kavanagh reviewed several aspects of the Alliance-Bree opioid call to action including the process, distribution, and implementation survey results. This review is an effort to learn from a recent project how to better engage physicians and other health care leaders in future call to action projects. Members made the following suggestions to improve further actions, summarized below.

- Engage Washington state chapters of specialty societies (suggestions specific to the opioid call to action include the Academy of Family Physicians, American College of Physicians, and Academy of Pediatrics)
- Have hospital and medical group CEOs and/or CMOs sign an attestation saying they endorse the call to action and publicize who has and has not signed an attestation
- Leverage bright spots by sharing stories of organizations and interventions that are making a measureable difference
- Generate more publicity and engage in a broader public education campaign to change normative expectations
 - Share stories in Alliance newsletters and website to promote efforts
 - Share future calls to action more broadly, more than once and in more than one way
- When selecting areas to focus on for a call to action, capitalize on current priorities that already have media spotlight and community awareness
- Consider leveraging clinician credentialing as a way to drive action and change
- Partner widely and with other advocacy organizations
- Make sure the call to action includes an “off-ramp”, i.e., include what providers should be doing, not just what they should not be doing
- Engage purchasers so that their employees/members are aware of changes that may impact them, e.g., changes to prescribing patterns

PREPARING FOR 2018

Ms. Kavanagh provided an overview of the QIC's role in the larger context of the Alliance and led the group in a review of the QIC Charter. Ms. Kavanagh then opened the group discussion by asking about priority focus areas for 2018 and to consider if anyone is missing from the membership list. The following summarizes the highlights of the discussion:

▪ Charter Review

- It was suggested that we clarify charter language currently focused on payment strategies to focus more specifically on aligning alternative payment mechanisms with a common set of quality measures.
- The QIC's work should continue to focus primarily on the Alliance's quality measurement and reporting activities. As well, QIC members will continue to share and promote evidence-based care and proper use of health care resources.

▪ 2018 Possible Areas of Focus

The following represent several potential focus areas that were discussed at the meeting. No decisions were finalized about priorities for 2018.

- Improving patient safety and reducing rates of adverse events
- Increasing immunization rates
- Reducing C-section rates (NTSV)
- Advocating for alignment of quality measures for contracting, specifically using HEDIS and the Washington State Common Measure Set
 - Consider whether it would be useful to create an agreed-upon working definition of "value" to lay the foundation for value-based payment in Washington
- Strategies to improve (1) diagnosis and treatment of major depression, or (2) use of cognitive behavioral therapy for chronic pain management

▪ QIC Membership

QIC members were asked for suggestions regarding other organizations that should be represented on the QIC, beginning in 2018. Several suggestions were made; staff will consider and then extend invitations to several people.

Members also suggested holding one meeting a year outside of Seattle so as to better engage with the rest of the state.

▪ **2018 Meeting Schedule**

Meetings for 2018 will be every other month, 2:00 – 4:00 pm on the following days:

- January 11
- March 8
- May 10
- July 12
- September 13
- December 13

The next QIC meeting will be Thursday, December 14, 2:00 – 4:00 at the Alliance.