Quality Improvement Committee (QIC)
Thursday, December 13, 2018

Committee Members Present:	Mary Anderson, *The Polyclinic* Lydia Bartholomew, *Aetna* (phone) David Buchholz, *Premera Blue Cross* Sharon Eloranta, *CHI Franciscan Health* Nancy Fisher, *Region X, CMS* (phone) Frances Gough, *Molina Health Care* (phone) Matt Handley, *Kaiser Permanente Washington* Dan Kent, *UnitedHealthcare Community Plan (Chair)* Randal Moseley, *Confluence Health* Michael Myint, *Swedish Health Services* John Sobeck, *Cigna* John Vassall, *Qualis Health* Lynette Wachholz, *The Everett Clinic* (phone) Judy Zerzan, *WA State Health Care Authority*
Committee Members Absent:	Peter Dunbar, *Foundation for Health Care Quality* Bruce Gregg, *MultiCare Health System* Kim Herner, *Valley Medical Center* Gary Knox, *MultiCare Rockwood Clinic* Peter McGough, *UW Medicine* Bob Mecklenburg, *Virginia Mason Medical Center* Drew Oliveira, *Regence Blue Shield* Janet Piehl, *UW Neighborhood Clinics* Terry Rogers, *Emeritus member* Hugh Straley, *The Robert Bree Collaborative* Julie Stroud, *Northwest Physicians Network*
Staff and Guests Present:	Jim Andrianos, *Calculated Risk* Lisa Chenevert, *Aetna* (phone) Susie Dade, *Washington Health Alliance* Nancy Giunto, *Washington Health Alliance*

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

ACTION - The QIC reviewed and approved the QIC meeting minutes from September 13, 2018.

Note: Dr. Janet Piehl (UW Neighborhood Clinics) let the Alliance know that she is no longer in a clinical leadership position and will not be attending the QIC meetings in the future. Dr. McGough has indicated that a replacement from UWNC will be identified in the future.

New Health Waste Calculator Results, "First, Do No Harm"

Ms. Dade announced that the latest results from the Health Waste Calculator were released on December 11, 2018. Copies of the report were distributed to QIC members at that time. Ms. Dade reviewed the results. The QIC had the opportunity to discuss the following findings:

This report includes results for both commercially insured and Medicaid insured individuals in Washington state. For purposes of this analysis, 4,357,768 distinct members were included; this total includes 2,227,570 commercially insured individuals, and 2,130,198 Medicaid insured individuals.

Results in this report reflect examination of 48 common treatments, tests and procedures known by the medical community to be overused.

Across the 48 measures, for both lines of business combined:

- 2,934,526services were measured, totaling an estimated spend of $849 million
- 47.2%of measured services were found to be wasteful (1,383,720)
- 2,034,761 individuals received services: 50.1% (1,020,081) received low-value services
- An estimated$341 million was spent on low-value care

The overall "Waste Index" (i.e., the percentage of total services examined that are considered likely wasteful or wasteful) is slightly higher for the commercially insured population than for the Medicaid insured population (48.6% versus 45.5%).

Many of the top areas of waste are the same for both populations, but there are a few differences in how the services are ranked for each line of business.

Ten out of 48 areas of waste measured account for 88% of the total waste in this analysis. These include the following; the written report includes detailed findings for each.

1. Opiates for Acute Low Back Pain in the First Four Weeks
2. Antibiotics for Upper Respiratory and Ear Infections*
3. Annual EKGs or Cardiac Screening for Low-Risk Individuals*

4. Imaging Tests for Eye Disease*
5. Preoperative Baseline Laboratory Studies Prior to Low-Risk Procedures*
6. Two or more concurrent antipsychotic medications
7. Routine PSA Screening for Prostate Cancer*
8. Cervical Cancer Screening for Women*
9. Screening for 25-OH-Vitamin D Deficiency*
10. Prescribing NSAIDs for Hypertension, Heart Failure or Chronic Kidney Disease

Seven of the ten areas of waste listed above were also among the top areas of waste from our first report (February 2018); these are noted above with an asterisk (*).

The overall results in this report are similar to those that were included in our first report, "First, Do No Harm," released February 2018, although this latest analysis was based on a substantially larger population. This suggests a strong practice pattern for these areas of care.

Ninety-two percent of all wasteful services found in this analysis were very low-cost (<$100) or low-cost (($100 - $538). This suggests that "the little things" add up and high volume, low-cost services are a significant contribution to overall waste in the system.

ACTION: Thresholds for Alliance Public Reporting

Ms. Dade asked the QIC to review the current thresholds that are used by the Alliance to determine whether results may be publicly reported or not. The focus was on minimum sample size requirements, i.e., the number of cases, patients, events, etc., below which accuracy and privacy concerns become problematic. Jim Andrianos, consultant to the Alliance, joined the group to lead the discussion and present information. Specifically, the QIC was asked to recommend both numerator and denominator thresholds for three types of reporting: (1) results for clinics and medical groups; (2) results for medical groups and hospitals for potentially avoidable events; and (3) results for counties and accountable communities of health. The QIC discussed in detail the balance between lowering minimums in order to increase the number of publicly reportable results, and maintaining high enough minimums to (1) safeguard privacy and accuracy, and (2) ensuring confidence interval spans that are sufficiently narrow enough to differentiate performance (better, average, worse).

ACTION: The QIC took action to recommend the following. It is intended that these thresholds will be implemented beginning with public reporting in 2019.

Results reported by:	CURRENT		RECOMMENDED (NEW)	
	Numerator	Denominator	Numerator	Denominator
Clinic/Medical Group	≥ 30 0 is not reportable	≥ 100	≥ 11 0 is reportable	≥ 80
Medical Group/ Hospital for Potentially Avoidable Events	≥ 30 0 is not reportable	≥ 30	≥ 11 0 is reportable	≥ 30
Hospitals for Other (when applicable*)	≥ 30 0 is not reportable	≥ 30	≥ 11 0 is reportable	≥ 30
Counties/ACHS	≥ 30 0 is not reportable	≥ 30	≥ 11 0 is reportable	≥ 30

**Most quality measure results for hospitals reported on the Community Checkup are drawn from other sources (e.g., Hospital Compare, WSHA).*

The QIC asked that the Alliance track the Community Checkup over time to analyze how many more results become publicly reportable and what impact we see on scoring (better, average, worse) based on these new thresholds.

Honoring Choices Pacific Northwest

Mary Catlin, Senior Director of Honoring Choices NW, joined the QIC to provide an outline of the Honoring Choices program, an initiative co-sponsored by the Washington State Hospital Association and the Washington State Medical Association. Honoring Choices is an initiative to inspire conversations about the care people want at the end of life. The initiative utilizes a variety of approaches, such as advance care planning, community engagement, and physician education. The program is also engaged at advocacy at the state level to improve the ease of completing advance care planning documentation. And finally, the program is exploring options for developing a central repository to enter and access advance planning documents for residents of Washington state. Members of the QIC each described how their organizations support patients in advance care planning, and the group discussed ways to better emphasize these important conversations and follow-up documentation.

The next QIC meeting will be Thursday, February 14, 2019 from 2:00 – 4:00 at the Alliance.