Quality Improvement Committee (QIC)
Thursday, November 14, 2019

Committee Members Present:	Mary Anderson, *The Polyclinic* (phone) Sharon Eloranta, *CHI Franciscan Health* (phone) Frances Gough, *Molina Health Care* Bruce Gregg, *MultiCare Health System (*phone) Darcy Jaffe, *WA State Hospital Association* Matt Jaffy, *UW Neighborhood Clinics* Dan Kent, *UnitedHealthcare Community Plan (Chair)* Bob Mecklenburg, *Virginia Mason Medical Center* Randal Moseley, *Confluence Health* John Sobeck, *Cigna* Judy Zerzan, *WA State Health Care Authority*
Committee Members Absent:	Lydia Bartholomew, *Aetna* Peter Dunbar, *Foundation for Health Care Quality* Nancy Fisher, *Region 8, 9 & 10, CMS* Matt Handley, *Kaiser Permanente Washington* Kim Herner, *Valley Medical Center* Gary Knox, *MultiCare Rockwood Clinic* Michael Myint, *Swedish Health Services* (phone) Drew Oliveira, *Regence Blue Shield* Hugh Straley*, The Robert Bree Collaborative* Julie Stroud, *Northwest Physicians Network/The Everett Clinic* John Vassall, *Comagine Health*
Staff Present:	Susie Dade, *Washington Health Alliance* Nancy Giunto, *Washington Health Alliance*
Guests:	Jim Andrianos, Calculated Risk Lisa Chenevert, Aetna (phone) (for Lydia Bartholomew) Charlie Peterson, *Proliance Surgeons* Wes Sibole*, Novartis* Angie Sparks, *Kaiser Permanente Washington* (for Matt Handley)

I. INTRODUCTIONS, APPROVAL OF MEETING MINUTES, UPDATES

ACTION – The QIC reviewed and approved the QIC meeting minutes from September 2019.

ACTION – The QIC reviewed and approved a recommendation to add Dr. Aileen Mickey to the QIC. Dr. Mickey is the Chief Medical Officer for EvergreenHealth Medical Group.

Updates: Ms. Dade provided several updates for the QIC.

- Today is the last meeting that Dr. Sharon Eloranta will be a member of the QIC. She is leaving CHI Franciscan Health System, effective November 20. We thank Sharon for her service to the Alliance and wish her well in retirement. The Alliance will be seeking a new CHI Franciscan representative to join the QIC in 2020.
- Ms. Dade mentioned that we are also seeking new QIC reps from Premera, Swedish/ Providence, Overlake, and Western Washington Medical Group.
- Nancy Giunto briefly discussed the new Alliance Board Impact Initiative which will focus on how Alliance member organizations can impact opioid prescribing within their own organizations.

II. QUALITY COMPOSITE SCORING

ACTIONS –

(1) The QIC approved a proposal to move forward with developing quality composite scoring for medical groups to be displayed on the Community Checkup website.

(2) The QIC approved forming a small expert panel to complete the design work for implementation in 2020. The expert panel will formulate final recommendations about the following and forward to the QIC for final action:

- **Finalize the number of domains and which measures are in each domain**
- **Finalize the weighting for each domain**
- **Propose a rating system that includes icons for graphic representation of scores**

The QIC went through the detailed proposal developed by the QIC's ad hoc workgroup. Please refer to the memorandum entitled "Proposal for Quality Composite Measure" distributed to the QIC in advance of their November 2019 meeting for all of the detail. Here is a brief synopsis:

Composite Measure – Prioritized Use Cases

The Alliance publicly reports on quality (and other areas) to INFORM AND MOVE THE MARKET TO BETTER HEALTH CARE VALUE. Therefore, prioritization of use cases strongly takes into account which audience (i.e., use case) *is most instrumental in moving the market and improving value* based on what we know today. The following prioritized use cases for the quality composite score are recommended:

Primary Audiences	Use Case(s)
Medical Groups	• Assist medical groups to understand their relative performance from the perspective of the marketplace • Foster competition, provide motivation for improvement

Health Plans	• Identify primary care medical groups that offer higher quality of care, based on a community-vetted composite scoring method • Use composite scoring/ranking to inform payment incentives and network design
Purchasers	• Educate consumers about variation in quality with more easy-to-understand composite scoring • Identify primary care medical groups that offer higher quality of care, based on a community-vetted composite scoring method • Use composite scoring/ranking to inform benefit and network design • Help covered members identify high quality primary care medical groups and encourage members to establish a relationship with a primary care provider

The importance of the consumer (patient) was also emphasized; that said, the consumer audience was prioritized as a secondary audience. Current evidence notes that consumer use of comparative health care performance information to drive their personal decision-making is still very nascent. In health care, consumers are still not viewed as a "market mover." As this may change with time, we will need to revisit this periodically and modify our approach if consumer decision-making becomes a bigger factor in driving health care value.

Approach to Composite Measure – Phase 1

Implement a composite score in 2020 that utilizes fixed, STATIC weights and standardized individual measure results.

a) Use z-scores to standardize results. A z-score is a numerical measurement commonly used in statistics – it maps all observed results for a given measure to a standard bell-shaped distribution. It allows for apples-to-apples comparisons between measures.

b) Available measures will be placed in domains (three are proposed – to be finalized by expert panel).

c) Use a simple average of the z-scores for the measures in each domain to produce a single result for that domain. This creates an unweighted but standardized result for all available measures within the domain.

d) Domains will be weighted and will total 100%. The weighting across domains may or may not be equal. Domain weighting is not based on the number of measures in that domain.

   • Domain weighting (and the measures within each domain) will be recommended by expert panel and approved by the QIC. The expert panel must include a majority of individuals with primary care expertise (vs. consultative specialty).

e) The domain weights will not change with use case or user.

f) We will use all available results available for the measures in scope (i.e., publicly reported measures based on the Alliance's thresholds for minimum numbers). Our aim is to take advantage of all available publicly reported measure results that can be standardized into a summary score. We acknowledge that this means that some medical groups will have composite scores based on more (or fewer) measure results.
   - We will prominently note the number of measures driving each group's composite score (e.g., "includes results for 24 out of 31 measures").
   - We will continue to display individual measure results so it is evident to users which measures are included in, and which are missing from, the composite score.
   - A reported entity (medical group or clinic) must have a minimum of *at least one measure result in each domain* to have a composite score that is publicly reported.

g) We will prepare composite scores for Commercial, Medicaid and Combined (Commercial + Medicaid).

The STATIC rating enables:

- the community to adopt a single composite scoring method, sending a consistent message re: relative performance in the marketplace;
- consistent, standardized results that may be used more broadly for contracting, network design, etc., and,
- the ability to track relative performance over time with constant domain weights.

Phase 2 – Quality Composite Scoring with User Preference

The Alliance will endeavor to implement a custom rating tool that enables users (could be individuals or organizations) to weight each domain to reflect their particular circumstances. This tool will be based on the same measures organized by the same domains, and z-scores to standardize results.

The FLUID rating enables:

- users to assess relative performance based on their needs, preferences or priorities; and,
- users to compare their custom weighting to the Alliance's STATIC weighting.

We will implement PHASE 2 as soon as we can and in a manner that is consistent with available resources to support implementation.

Other Considerations:

- We believe this composite scoring method will be expandable to include additional domains, e.g., efficiency, patient experience, cost. It will require that an expert panel be re-convened to determine the new STATIC weighting for domains.

- We believe this composite scoring method may be expandable to accommodate additional measures within the existing and newly added domains. Careful attention should be given to which measures are in which domains.
- If we add measures and/or domains, it will impact our ability to track performance over time. That said, it's understood that how we measure quality (and other aspects of health care value) will change with time and we will want to ensure the composite scoring remains relevant.
- We believe this composite scoring method would work fine for developing a hospital quality composite score. We would need to determine measures, domains and weighting specific to hospital quality, but the method itself would be appropriate, and able to handle added domain as discussed above.
- A trial run using real medical group performance data will serve as a face validity test of this proposed approach.

The QIC asked that once we finalize the design and run the data that we bring the results back to the QIC for review prior to proceeding with publication.

III. Health Waste Calculator Results

The QIC briefly reviewed the latest results from the Alliance's October 2019 "First, Do No Harm" report. The bulk of the discussion at this meeting was on reviewing two measures from the Health Waste Calculator, including (1) PSA-based testing for prostate cancer in men of all ages, and (2) Routine general health checks. Specifically, Ms. Dade reviewed the logic for these two Calculator measures and asked for the QIC's advice on whether they were generally in agreement with the measures and whether they felt comfortable with how the Calculator defines low-value care (combined categories of Likely Wasteful + Wasteful from the Calculator). The QIC expressed general support for the measures as currently configured, noting that some improvements can be made in nomenclature and definitions/context setting, so that the reader understand the results.

The next QIC meeting will be Thursday, December 12, 2019 from 2:00 – 4:00 at the Alliance.