

**Washington Health Alliance  
Consumer Education Committee Meeting  
March 15, 2018**

**SUMMARY NOTES**

**Location:** Alliance offices and webinar

**Committee Members Attending:** Sarah Greene, *Health Care Systems Research Network*  
Milana McLead, *WSMA*

**Committee Members Absent:** Julie Bannester, *CMS*  
Cynthia Eichner, *Overlake Hospital*  
Janie Hanson, *SEIU*  
Carolyn Martin, *National Libraries of Medicine, UW*  
Michael Garrett, *Mercer*  
Michelle George, *PEBB*  
Ellen Jensen, *retired, UW Computing & Communications*  
Cameron Pelly, *Arthur J. Gallagher & Co.*  
Andrew Radolf, *retired, UNESCO*  
Sherry Reynolds, *Center 4 Health Innovation*  
Stan Sorscher, *SPEEA*  
Janna Wilson, *King County*

**Staff and Guests Present:** Megan Aukema, *Aukema & Assoc.*  
Casey Calamusa, *Washington Health Alliance*  
Sally Collins, *Premera*  
Susie Dade, *Washington Health Alliance*  
Sue Miller, *Astellas*

**Information & Discussion: Update from NRHI Employer Summit**

The Committee shared [highlights from the Network for Regional Health Improvement's Employer Summit](#) on how purchasers can help drive affordability. It was discussed that at the summit, purchasers were asked how they define health care affordability, and it would be an interesting exercise to do the same thing with consumers in Washington state. Options include sponsoring a consumer survey or finding a funder who is willing to do so, or surveying Alliance members. Potential responses could show that no more than X% of a person's income goes toward health care spending. Results could be shared with the media and also inform consumer messaging around affordability.

**Information & Discussion: Review of highlight on alcohol use**

The Committee discussed the new highlight on alcohol use and the accompanying graphics, which represent something of a shift in the way the Alliance has generally presented data. It was suggested that some of the graphics have color schemes that provide more contrast, and also that the graphics should be simplified if aimed at a more consumer audience. We will look at taking the information and

graphics and adapting them for Own Your Health, along with messages about what consumers can do if they think they may have unhealthy alcohol habits. One area of focus might be that women tend not to get advised about unhealthy drinking as much as men.

#### **Discussion: Addressing measures from “First, Do No Harm” report**

The Committee was briefed by Susie Dade on the measures from the “First, Do No Harm” report that will be targeted for improvement by the Quality Improvement Committee. The first two are preoperative baseline lab studies prior to low-risk surgery and preoperative EKG, chest x-ray and pulmonary function testing prior to low-risk surgery. While these services are largely driven by providers, it was discussed that consumers can play a role as well. Consumer messaging could include that these procedures cause financial harm to patients and that they may not be thinking they’ll get a bill for it when they have it done. We could modify the Choosing Wisely 5 Questions specifically for these measures, to include something like the following.

Questions to ask before surgery:

1. Do you consider this a low-risk surgery?
2. Do I really need this test?
3. Is the lab in my network?
4. How much will it cost me?

#### **Discussion: Op-eds around recent Alliance reports**

Megan Aukema led a discussion around op-eds that are in development, focusing on different regions of the state. The articles will discuss the Alliance’s recent health waste calculator report and patient experience report, areas where we have seen improvement via Choosing Wisely, and areas to focus on for additional improvement. Messaging includes the fact that Washington has the opportunity to be a national leader in this area, and that collaboration through the Alliance and other stakeholders will be critical to make changes.

#### **Updates and Wrap-up**

Sarah Greene shared that she has connected with the organization Health Literacy Northwest and that we will ask them to present at an upcoming CEC meeting, as there are areas of mutual interest in our work.

We also previewed an upcoming release on rates of bariatric surgery as part of our Different Regions, Different Care reporting. Attendees suggested overlaying the data with CDC obesity rates, looking at why some areas have higher rates (local bariatric centers driving procedures), and thinking about how we should message the data (higher rates may not necessarily be considered “worse”).

The next CEC meeting will be via webinar on April 15, 2018, from 10:00 a.m. – 11:00 a.m.