Washington Health Alliance
Quality Improvement Committee
January 9, 2014

MEETING SUMMARY

Committee Members Present:	Lydia Bartholomew, *Aetna* Matt Handley, *Group Health Cooperative* Scott Kronlund, *Northwest Physicians Network* Pat Kulpa, *Regence Blue Shield* Brian Livingston, *Swedish Health Services* Peter McGough, *UW Medicine (Chair)* Bob Mecklenburg, *Virginia Mason Medical Center* Francis Mercado, *Franciscan Health System* Michael Tronolone, *The Polyclinic* Ed Wagner, *MacColl Institute*
Committee Members Absent:	Nancy Fisher, *Centers for Medicare & Medicaid Services* Bob Herr, *Molina of Washington* Veronica Hooper, *MultiCare Health System* Dan Kent, *Premera Blue Cross* Dan Lessler, *WA State Health Care Authority* Terry Rogers, *Foundation for Health Care Quality* Hugh Straley, *Emeritus* Jonathan Sugarman, *Qualis Health*
Staff and Guests Present:	James Andrianos, *Calculated Risk* Edward Cardoza, *Novo Nordisk* Susie Dade, *Washington Health Alliance* Teresa Litton, *Washington Health Alliance* David McGaughey, *Sanofi US* Larry McNutt, *Carpenters Trust*

INTRODUCTIONS • Dr. McGough asked for the December 2013 QIC meeting summary to be approved. The members approved the summary. Correction to add BPH/Prostrate to the population procedure suggested areas.	**ACTION:** Approval of December 2013 meeting summary with correction to adding BPH

Outcome Measurement Variation among Delivery Systems

A brief overview of the Track A pricing report was provided. Staff reminded QIC members about how delivery systems were asked to provide (1) an overview of their clinical outcome tracking activities (associated with DRGs/procedures covered in the Track A pricing report) and (2) attestation that they are willing to share the results of their quality tracking with purchasers if asked to do so. Delivery systems were required to do both in order to receive their results from the Track A report. Table summaries of delivery systems' outcome measurements by DRG were reviewed and discussed by the QIC. The QIC was asked to formulate a set of messages for the Alliance's Purchaser Affinity Group re: *what the QIC would like purchasers to know about delivery systems' quality tracking*. **The following represents the key messages from the QIC to the Purchaser Affinity Group:**

1. The information offered by hospitals/delivery systems about what outcomes are tracked is not perfect and does raise more questions than it answers. However, the information tells us more about "who's doing what" than we knew previously. This makes the information useful and a good starting point. Knowing that purchasers are paying attention to how delivery systems are tracking quality and appropriateness will have a catalyzing effect on delivery systems.
2. *Internal* measurement alone is not enough and, in fact, may be misleading. If that is all that is done by a hospital/delivery system, then there is no standardization, benchmarking, or external validation. Participation in national or regional registries and quality improvement measurement programs (e.g., COAP, SCOAP, OB-COAP) is very important for standardization of measures, benchmarking, external validation and longitudinal data collection.
3. There is little to indicate what hospitals are doing to address appropriateness. An important question for purchasers to ask delivery systems is:
    - What systems/tools do they have in place to evaluate appropriateness (whether a procedure is *needed*) both prior to and following interventions?
4. There is nothing here that indicates that delivery systems are measuring and evaluating patient functional status. It will be very difficult to measure *long-term* functional status; however, we should be encouraging delivery systems to measure and evaluate *near-term* functional status following interventions.
5. Measurement and reporting does not equal meaningful change or usefulness. It is important to ask delivery systems for *specific* examples of how they have *effectively used* data to drive quality improvement.
6. System-wide or departmental quality measurement and reporting is important and most delivery systems are participating in this type of activity. However, *procedure-specific* measurement and reporting is strongly favored for producing actionable data for quality improvement.

Discussion Points:

- Internal reporting is highly variable.
- Reports are commonly department specific. Data collection that is procedure specific is more actionable for quality improvement initiatives.
- In general, there are an overwhelming number of reports produced. Reports are frequently created but not utilized.
- Some groups are trying to standardize around common measures that are disease or procedure specific.
- The bigger question is not the number of reports but what groups do with the reports that they indicate they're collecting. What changes occur? What do the groups do internally with the reports?
- Another big question is who are procedures being done on and how is appropriateness of care measured and evaluated. This does not capture appropriateness of care.
- Functional status is not being captured in the reports and that will be hard to get, though it would be of great interest for purchasers.
- Internal reporting without external measures is not enough. You have to know how you perform in comparison to others doing the same work. Registries are external validators and provide benchmarks.
- Very few measures are both hospital and patient relevant. The claims measures present process measures versus patient outcomes.
- These results may create a big signal to providers that the groups are now going to be observed on what and how they are collecting outcome data.

Key reports discussed by the QIC:

In general, external registries (i.e. SCIP, COAPS, etc.) with longitudinal data collection are very important.

Specific reports discussed:

- PCI: 1) Joint Commission: AMI core measures process of care
- Cholecystectomy: 1)CMS clinical core measures-Surgical Care Improvement Program (SCIP) and 2) SCOAP
- Knee Joint replacement: 1) American joint replacement registry (BMI should also be measured). Line up with Bree Bundle (appropriateness criteria and outcomes)
- Cesarean Delivery: 1) WSHA/Medicaid quality incentive program, 2) Joint commission, and 3) OB COAP

Washington State Data Center

Mary McWilliams joined the QIC to provide an update on the development of a WA State Data Center. Mary discussed the role anticipated for the Alliance and the specific deliverables for the Alliance during this early planning phase. Mary also discussed legislation that will be introduced during the 2014 session in support of the State Healthcare Innovation Plan and the formation of an All Payer Claims Database.

Next Steps

The next QIC meeting will be February 13, 2014 from 2-4 pm at the Alliance.

Adjourn