

Quality Improvement Committee (QIC)

Thursday, March 9, 2017

MEETING SUMMARY

Committee Members Present:

Ray Baker, *EvergreenHealth Medical Group (phone)*
Lydia Bartholomew, *Aetna (phone)*
Christopher Dale, *Swedish Health Services*
Peter Dunbar, *Foundation for Health Care Quality*
Bruce Gregg, *MultiCare Health System (phone)*
Matt Handley, *Kaiser Permanente*
Scott Kronlund, *Northwest Physicians Network*
Pat Kulpa, *Regence Blue Shield*
Dan Lessler, *WA State Health Care Authority*
Peter McGough, *UW Medicine (Acting Chair)*
Michelle Matin, *Polyclinic*
Bob Mecklenburg, *Virginia Mason Medical Center*
Randal Moseley, *Confluence Health (phone)*
Janet Piehl, *UW Medicine*
Terry Rogers, *retired*
Jonathan Sugarman, *Qualis Health*
Lynette Wachholz, *The Everett Clinic*

Committee Members Absent:

David Buchholz, *Premiera Blue Cross*
Nancy Fisher, *Region X, Centers for Medicare & Medicaid Services*
Frances Gough, *Molina Health Care*
Dan Kent, *UnitedHealthcare*
Gary Knox, *Rockwood Clinic*
John Sobeck, *Cigna*
Hugh Straley, *The Robert Bree Collaborative*

Staff and Guests Present:

Selena Bolotin, *Qualis Health*
John Gallagher, *Washington Health Alliance*
Nancy Giunto, *Washington Health Alliance*
Carey Jackson, *Harborview Medical Center*
Laurie Kavanagh, *Washington Health Alliance*
Evan Stults, *Qualis Health*

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

Acting Chair Dr. Pete McGough opened the meeting by welcoming everyone. Members approved the January 2016 meeting summary as presented.

- **ACTION: Approval of January 2016 meeting summary.**

INTRODUCTION TO THE NEW COMMUNITY CHECKUP WEBSITE

Mr. John Gallagher highlighted key features of the Alliance's new Community Checkup website, which was launched in February 2017. The site uses Tableau software which allows users to interact with the data in numerous ways. Users are able to create individualized comparisons among geographies (statewide, county and Accountable Communities of Health) and by health plans and providers (clinics, medical groups and hospitals) selecting the measures that are of interest to them. Results can be viewed as graphs or tables and shows performance against the national 90th percentile (when available). Members expressed overall interest in and excitement about the site.

HEALTHIER WASHINGTON PRACTICE TRANSFORMATION (PT) SUPPORT HUB

Ms. Selena Bolotin and Mr. Evan Stults from Qualis Health introduced the Healthier Washington PT Support Hub, an initiative funded by a four-year, State Innovation Model (SIM) testing grant managed by the Washington State Health Care Authority and the Department of Health. The purpose of the PT Hub is to connect healthcare providers in Washington state with tools, training and hands-on technical assistance. The goals are to help providers integrate physical and behavioral health, move from volume-based to value-based payment and improve population health through clinical and community linkages. QIC members and Ms. Bolotin and Mr. Stults had an engaged discussion and members provided feedback and suggestions summarized here:

1. Resource issues tend to be barriers to practice transformation.
2. Some practices may benefit from coaching specific to business practices. This could include: meeting practices at their level and providing suggestions based on their current roadmaps, helping practices learn how to be nimble and to make sustainable and cost-effective changes, and/or building a referral service that serves as a method of connecting patients to resources.
3. Members suggested that it would be beneficial to be able to measure impact of the PT Hub based on clinical measures.
4. Staff from the PT Support Hub could use Alliance data to identify lower-performing clinics that may benefit from coaching.
5. Members supported the work and look forward to hearing Qualis Health's lessons learned.

DISPARITIES IN CARE

Ms. Kavanagh presented key findings from the 2016 report Disparities in Care report, the Alliance's fourth release. Results include Community Checkup measures stratified by race/ethnicity/language.

Results from the 2016 report show that across clinical quality measures, Medicaid-enrollees from the American Indian and Alaska Native and White racial/ethnic groups generally had higher rates than other racial groups. Native Hawaiian and Other Pacific Islanders and Asian patients generally, had the lowest rates. Compared to other preferred language groups, Medicaid patients who preferred speaking Spanish generally had higher than average rates for many measures.

LEARNING LESSON: AN EXAMPLE OF ONE HEALTH SYSTEM'S APPROACH TO IDENTIFYING AND ADDRESSING DISPARITIES IN CARE

Dr. Carey Jackson, Medical Director, International Medicine Clinic at Harborview Medical Center, presented an overview of Harborview's work to reduce health disparities among the non-English speaking poor. Harborview focuses on those issues they know to be a problem to a particular population, such as Hepatitis B for the foreign-born. Dr. Jackson highlighted three main programs: Community House Calls, EthnoMed.org, and REAL (Race, Ethnicity, and Language Data Collection).

Community House Calls is a team of caseworker-cultural mediators who act as a bridge between Harborview and its health care providers to patients, their families and communities. [EthnoMed](#) is a website that contains information about cultural beliefs, medical issues and other issues pertinent to the health care of recent immigrants and refugees. REAL (Race, Ethnicity, and Language Data Collection) is a system to standardize to top languages spoken and granular ethnicities.

Dr. Jackson suggested that one key to addressing disparities is the clinic culture. For example, all staff should have an understanding of disparities and whole person care and do their best to make patients feel welcome. In response to QIC member questions about interpretive/translation services, Dr. Jackson suggested that a health system might train its own interpreters and that providers should be looking for errors in translation and sharing feedback with translation vendors. He pointed to Kaiser Permanente California as having done a great deal of work to nuance its providers around language and racial/ethnic groups.