

**Health Economics Committee (HEC) Meeting
November 12, 2015**

SUMMARY NOTES

Reflecting on Improving the Health Economics Committee

After a review of the charter and a recap of projects since the committee formed in mid-2012, members took turns speaking to what has been working and not working, what they would like to see happen, and why. A rich discussion unfolded with many ideas. Below is a synthesis of key themes and specific ideas:

Key themes:

1. The analytic work has been good, but the follow through to implementation is lacking.
2. Knowledge that comes from transparency is the first step; knowing what to do thereafter requires leadership, boldness, and persistence.
3. There is a pressing need to measure the impact of an implementation – it is not enough to produce and circulate reports.
4. We need evidence that we are changing views and influencing decisions.
5. Implementations should sidestep common pitfalls: not educating the audience, insufficient promotion, conflicting with other initiatives.

Specific ideas:

1. Focus on one or two things statewide, and then stick with it, measuring for evidence of impact. Make a specific recommendation to the Alliance Board for such an initiative and its rationale.
2. Strive to measure and reveal variation within systems.
3. Use the Common Measure Set to standardize performance expectations and targets; work to prioritize the measures to manage administrative burdens.
4. Give purchasers tools that represent a solid return on their past investments of time, money, energy in pressing for improvement:
 - a. Assistance in talking to consumers about risk
 - b. Composite ratings to support higher value choices
 - c. Incorporating ‘decision architecture’ research into situations involving treatment selection
 - d. Sustained education about wellness and the avoidance of unnecessary services
 - e. Tracking changes in real price variation over time

The next step will be to review these themes and ideas with Alliance directors.