

**Washington Health Alliance
Consumer Education Committee Meeting
December 14, 2017**

SUMMARY NOTES

Location:	Alliance office and webinar
Committee Members Attending:	Michael Garrett, <i>Mercer</i> Michelle George, <i>PEBB</i> Sarah Greene, <i>Health Care Systems Research Network</i> Cameron Pelly, <i>Arthur J. Gallagher & Co.</i> Andrew Radolf, <i>retired, UNESCO</i> Sherry Reynolds
Committee Members Absent:	Julie Bannester, <i>CMS</i> Cynthia Eichner, <i>Overlake Hospital</i> Janie Hanson, <i>SEIU</i> Ellen Jensen, <i>retired, UW Computing & Communications</i> Carolyn Martin, <i>National Libraries of Medicine, UW</i> Milana McLead, <i>WSMA</i> Stan Sorscher, <i>SPEEA</i> Janna Wilson, <i>King County</i>
Staff and Guests Present	Megan Aukema, <i>Aukema and Associates</i> Casey Calamusa, <i>Washington Health Alliance</i> Susie Dade, <i>Washington Health Alliance</i> John Gallagher, <i>Washington Health Alliance</i> Nancy Giunto, <i>Washington Health Alliance</i> Sue Miller, <i>Astellas</i>

Welcome & Introductions

Sarah Greene welcomed the group and facilitated introductions. The minutes from the previous meeting were approved.

Information & Discussion: Health Waste Calculator

Susie Dade of the Alliance presented initial results of the Alliance's use of the Health Waste Calculator, a tool from Milliman that provides conservative estimates of waste. The Alliance ran the 2.4 million commercially insured lives in their database through the tool, looking at 47 Choosing Wisely recommendations. The results show that 46% of services measured were of low value, and that 48% of individuals received low-value care. The results also show that low-cost services turn out to be a major driver of health care costs because of the volume of use.

For now, the results are confidential and embargoed until the Alliance publicly releases them in Q1 2018. The Committee discussed that the term “waste” resonates with purchasers and payers, but that clinicians prefer the term “low value.” Additional terms were considered for consumer messaging, including “overuse” and “unnecessary care.”

The Committee discussed that messaging for the report should emphasize that low-value care is both a quality issue and a financial issue. Members suggested potentially tying these results to the Hospital Value Report, and also asked if it is possible to get results by site of service to see differences in rates. It was noted that the results do not account for the 30% of administrative waste in the health care system. Members felt that messaging in the report should reiterate that the results are based on Choosing Wisely recommendations that providers already agree are unnecessary.

It was discussed that the goals of the report are to raise awareness that overuse is a significant quality issue and that this is a first foray into quantifying that. It was mentioned that messaging could be framed as “Do this, not that.” Members also noted that in Medicare and Medicaid, the term “waste” has a lot of legal and regulatory implications, so it may be better not to use it. The Committee discussed potentially developing infographics using statistics from the report that can be used by purchasers. Messaging for consumers can include the fact that health care premiums go up to pay for unnecessary care.

Information & Discussion: Value Campaign

Megan Aukema provided an overview of potential messaging around a health care value campaign, which had been discussed in previous Committee meetings. The goal is to boil down the Hospital Value Report to a basic, consumer-friendly message. Members noted that there is an opportunity to explore messaging around asking your doctor, “What happens if I do nothing?” Other messaging suggestions included “Do no harm to your health or your wallet.” The Committee discussed that this campaign may best be merged with the Health Waste Calculator results and messaging.

Discussion: Look ahead to 2018

Members discussed what topics are most important to them for the CEC to work on in 2018. Suggestions included consumer education around high drug costs, educating people about high-deductible health plans and how to use them, and social determinants of health and how logistics can get in the way of health care.

Updates and Wrap-up

John Gallagher announced that due to budget cuts, his position with the Alliance has been eliminated and this was his last Committee meeting. He thanked all the members for their contributions and the privilege it has been to work with them. Members spoke about how much John has meant to the Committee and its work and that he will be greatly missed. The next CEC meeting will be a teleconference on Jan. 18, 2018, from 10:00 a.m – 11:00 a.m.