



## LETTER FROM THE EXECUTIVE DIRECTOR

On a hot, smoky, not-so-transparent day in Seattle last month, I received an email from a staff member of the US Senate Health, Education, Labor and Pensions (HELP) Committee inquiring about my interest to testify before a bipartisan hearing on the topic of reducing health care costs through transparency. We sent a copy of our [“First Do No Harm”](#) report to Congressional staff earlier this year, and the continued [media coverage](#) and citation of the report in respected publications such as the Journal of the [American Medical Association](#) have certainly caught the attention of those working on health care affordability in D.C.

[Read more from the Executive Director](#)

## ALLIANCE UPDATES

- [Have You Registered for the Alliance’s Affordability Conference?](#)
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**Have You Registered for the Alliance’s Affordability Conference?**

## UPCOMING ALLIANCE MEETINGS

Alliance members are welcome to attend any Alliance Board, committee or work group meeting, except executive sessions, board retreats, or Purchaser Affinity Group meetings (open to purchaser members only). Please RSVP to Adria at [amoskowitz@wahealthalliance.org](mailto:amoskowitz@wahealthalliance.org).

### Consumer Education Committee

September 20, 10:00 a.m.– 11:00 a.m.

[Alliance Office](#)

### Health Economics Committee

September 13, 8:30 a.m.– 10:30 a.m.

[Alliance Office](#)

### Quality Improvement Committee

September 13, 2:00 a.m.– 4:00 p.m.

[Alliance Office](#)

## LEARN MORE

### Join Us

Do you know someone who would like to learn more about membership in the Alliance? [Learn more about the value of Alliance membership.](#)

### Choosing Wisely

Choosing Wisely is a campaign designed to provide easy-to-



Our October 31 conference, “The Road to Affordable Healthcare: Where do we go from here in Washington State?” is filling up

quickly. Don't miss this opportunity to join national and local health care leaders in a rich discussion around a timely topic. This one-day event at the SeaTac Conference Center will include presentations and panel discussions with the goal of developing action steps for getting to affordability. Registration is required.

[REGISTER HERE](#)

For more information on the conference, contact Susie Dade at [sdade@wahealthalliance.org](mailto:sdade@wahealthalliance.org).



### Washington Health Care Authority to Sponsor Medicaid Transformation Learning Symposium

The Washington Health Care Authority is bringing together health care influencers from across the state to foster learning, inspiration, innovations and conversations around the topic of Medicaid Transformation. “**Managing Change and Advancing Equity**” is a full-day learning symposium open to anyone engaged in the state's Medicaid Transformation effort. Alliance members and stakeholders are encouraged to take advantage of this free opportunity to learn more about transforming health care for better outcomes in Washington State.

#### Symposium details

The event is scheduled for Wednesday, October 24 at the SeaTac Double Tree Hilton and features keynote speaker Professor John A. Powell of the Haas Institute for a Fair and Inclusive Society. Professor Powell is an internationally recognized expert in civil rights and civil liberties.

The event will also cover:

- Managing change in your community and organization
- Finding joy in work – a health care worker focus
- Regional strategies toward addressing the opioid epidemic
- Achieving equity through organizational change
- Participatory budgeting practices
- Clinical-community partnerships
- ... and more

To register and for more information about this free event, click [HERE](#).



### Biosimilar Drugs Can Benefit Employers and Their Employees

Biosimilar drugs are biologic products approved by the FDA based on

understand guides for getting better, safer, more effective care. It is a partnership between the Alliance, The American Board of Internal Medicine (ABIM), the Washington State Medical Association and others. [Learn more.](#)

**Follow the Alliance on Facebook**  
We invite you to follow the Alliance on Facebook.

**Follow the Alliance on Twitter**  
We invite you to follow the Alliance on Twitter @WAHealthCheckup.

**Follow the Alliance on LinkedIn**  
We invite you to follow the Alliance on our LinkedIn company page.

***The Washington Health Alliance brings together those who give, get and pay for health care to create a high-quality, affordable system for the people of Washington state.***



**WA Health Alliance**



1,547 followers  
3,869 tweets  
following 867 people

[follow](#)

#### Latest Tweets

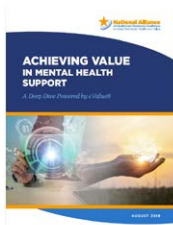
- Help accelerate the journey toward #affordableHC18: Register now for "The Road to Affordable Care: Where do we go f...  
<https://t.co/YHMqMnOVib> 1:34PM
- More employers are taking an active role to shift #healthcare costs by using accountable care organizations, direct...  
<https://t.co/4plw9Elk87> 9:31AM
- We are excited to welcome our newest member to the Alliance, @StansonHealth. Learn more about them here:...  
<https://t.co/rvb5BxnZHq> 10:40AM
- We can all play a part in helping stem the opioid epidemic. @WaHealthCheckup offers these action steps for

demonstrating that they are highly similar to an approved biologic product and have no clinically meaningful difference in terms of safety, purity or potency. Biosimilars have the potential to improve treatment access, improve outcomes and lower costs for patients with diseases such as cancer, rheumatoid arthritis, inflammatory bowel disease, diabetes, multiple sclerosis, kidney disease and severe psoriasis.

While biosimilars have potential benefits to employers and employees, there is confusion in the marketplace because it is so new, and some insurance plans have policies in place that create a disincentive to use them.

An action brief recently released by the National Alliance of Healthcare Purchaser Coalitions and the Washington Health Alliance outlines **four action steps employers can take to promote adoption and use of biosimilars**:

1. Quantify the biosimilar opportunity by initiating conversations with vendors about fill rates and savings potential.
2. Partner with vendors to determine how best to drive appropriate promotion, adoption and utilization of biosimilars.
3. Review specialty pharmacy benefit design to ensure it supports appropriate use and access.
4. Educate all employees about the value of biosimilars to enable more informed decision making. [Read the full action brief](#) and learn more about the value of biosimilars to employers and employees.



### National Alliance of Healthcare Purchaser Coalitions Releases Mental Health Report Highlight

Earlier this year, the **National Alliance of Healthcare Purchaser Coalitions** (sponsor of eValue8) conducted a “deep dive” to assess the current performance of health plans and behavioral health organizations across key areas

in behavioral health including: network adequacy and access for patients; provider measurement, management and payment; pharmaceutical management; patient (member) engagement and support; accreditation and compliance with parity; and, data analysis and reporting.

Five of the six major commercial health plans in Washington State responded to the Request for Information, including Aetna, Cigna, Kaiser Permanente Washington, Regence Blue Shield and UnitedHealthcare. The results highlight significant industry concerns and opportunities to improve access to care. Below are a few of the highlights and you can read the full report [here](#).

You’ll note that the health plan results are blinded in this initial, groundbreaking report – this was by agreement between the National Alliance of Healthcare Purchaser Coalitions and the responding plans and BHOs, and was not a decision made by the Washington Health Alliance.

### Network Adequacy and Access

purchase...

<https://t.co/9bcl3A7Usw> 9:25AM

- Five excellent tips for employers during open enrollment from @ReqHealthImp #affordHC18 <https://t.co/bs16EV73cb> 9:35AM

- The percent of out-of-network claims are much higher for behavioral health services (median = 13.6%) than for medical/surgical services (median = 5.1%) across all three settings (office visits, outpatient facility and inpatient). This reinforces concerns about existing access issues and network adequacy.
- The access standards for urgent in-network office visits are much shorter for medical/surgical (24 hours) than for behavioral health (48 hours), and there is significant inconsistency in monitoring these standards.
- There does not appear to be a systematic approach to address the underlying issue of access (network adequacy and appointment wait times). The one exception to this is expanding access to tele-behavioral health.

### **Provider Measurement, Management and Payment**

- Most are not requiring or monitoring that primary care and specialty clinicians screen for stress, anxiety, depression, alcohol use, or substance use using a recognized standardized instrument to identify and monitor progress.
- Health plans use HEDIS measures for reporting (e.g., to NCQA), but few provide feedback to clinicians and provide transparent reporting.
- Almost all will reimburse for SBIRT (screening, brief intervention, referral and treatment); few actively promote use of the codes.

### **Pharmaceutical Management**

- Although many patients with anxiety, depression or bipolar disorder suffer from “first failure” which occurs when the prescribed medication fails to have the intended effect, the most common policy includes step therapy with two or three fails. This limits access to the most appropriate medication.
- None offer a value-based formulary for antidepressant medication (the most common) where some newer antidepressants with better outcomes and no generic equivalent are on the lowest cost tier.
- There is variation in the level of monitoring of providers regarding appropriateness of prescribing.
- Opioid misuse rates ranged widely; in all instances prescribers are alerted, but not patients (members).

### **Patient (Member) Engagement and Support**

- All have provisions in place for members to reach or be warm-transferred to a behavioral health clinician for after-hours emergent calls.
- In many instances, members with behavioral health conditions are not assessed for co-existing medical conditions such as heart disease, diabetes, obesity, or tobacco use.
- Online provider directories for behavioral health generally have less content and functionality compared to medical directory/physician selection tools.
- There is variation in how plans track and use demographic information to identify and address disparities in care.



## Effective for Consumers

According to a recent study by the RAND Corporation, providing consumers with a customizable tool to compare hospital rankings based on their specific needs can make hospital value data more usable for patient, providers and researchers.

In the study, reported in a recent [article in FierceHealthCare](#), RAND Corporation developed a prototype tool using data from the Centers for Medicare & Medicaid Services' Hospital Compare site. The tool allows users to compare measures based on which are most important to them, or on their medical needs.

For example, a patient looking for obstetric services can do a search for local hospitals and assign weights to seven metrics: mortality, safety, readmission rates, patient experience, timeliness of care, the effectiveness of care and efficient use of medical imaging.

A tool like RAND's is also useful for researchers, who can customize their search for data specific to their study. Additionally, such a tool potentially could help providers who may have earned low scores from CMS or on other rankings understand where they need to improve.

Jim Andrianos of Calculated Risk, Inc., a consultant for the Washington Health Alliance, has developed a similar prototype tool that provides what he calls "[Value Ratings](#)." The Value Rating accounts for the user's unique signature of preferences across different performance attributes. One of the [demonstrations](#) he has created uses actual data from the Washington Health Alliance, that shows how two fictitious patients, Alice and Bob, would rank medical groups very differently based on their different needs. The Alliance continues to be interested in this collaboration with Calculated Risk to further refine and market this tool.

## New Member



We are pleased to welcome our newest member to the Washington Health Alliance, **Stanson Health**. Their primary mission is to assist organizations in preparing for global or shared risk by providing physicians with clinical decision support aimed at reducing or eliminating unnecessary care. They leverage real-time alerts and relevant analytics to guide and influence physician's decisions. You can learn more about Stanson Health [here](#).

## Joining the Alliance

Our members can be the best ambassadors for our work. If you know someone who would like to learn more about membership in the Alliance, we have an online tool to help you talk about the value of Alliance membership. [Learn more at our Join Us website](#).