Washington Health Alliance
Health Economics Committee Meeting
February 13, 2014

SUMMARY NOTES

Track A update: Quality Improvement Committee Feedback on Clinical Outcome Disclosures by Delivery Systems

The HEC designed the Track A price variation reports such that delivery systems wishing to obtain their reports would first have to describe their clinical outcome procedures germane to the treatments covered in the Track A reports. In addition, they must agree to disclose their actual performance results to interested Alliance purchasers.

Nearly every delivery systems has complied, and the QIC commented on the content and scope of what has been disclosed to date:

This is the first time that we have a sense of who is doing what when it comes to outcomes measurement and tracking, and it is not a surprise that procedures and instruments vary significantly between systems. Purchasers should press delivery systems to participate in registry-based initiatives, and move beyond 'internal' tracking of utilization-related statistics (unless these are sufficiently standardized to support intra-system comparisons for benchmarking and validation needs). The lack of disclosed efforts to gauge treatment appropriateness prior to, or health status after the intervention, points to vital improvements needed in our region that purchasers can similarly urge. Procedure-specific measures, rather than system-wide clinical metrics, are preferred.

The findings from this outcomes disclosure will inform the next Track A-like effort to describe the extent of price variation in our market.

Population Procedure Rates: Review of Raw Results

The HEC reviewed raw population use rates for 22 procedures that medical officers from the HEC and QIC had previously flagged as having potential for overuse.

From these data, committee members selected a subset to be examined using more exacting methods that take into account the clinical characteristics of the patients prone to receive the procedure in question. Results from this subsequent analysis will be reviewed at the next HEC meeting. The immediate goal is to identify a small set of procedures that display unusual variation in how frequently they are delivered to patients living in different residential zones. In addition, these procedures should be sufficiently common to be easily communicated to a general public audience.

Ultimately, the Alliance will tailor public, multi-stakeholder consensus statements, customized for each procedure, outlining action plans to address the variation.

Members flagged the following procedures/tests for deeper analysis:

Service	Primary Potential Audience	Focus	Comments
Spine injections	General public	Overuse	Compare Olympia H.S.A. pre-/post-HTAP intervention in 2012
Spine surgery	General public	Overuse	
Joint replacements	General public	Overuse	
Nasal endoscopy	Provider organizations	Overuse	Affirm clear indications for this test
Sleep apnea testing	General public	Overuse	Role for SDM; home testing options exist
C-sections	General public	Overuse	
Hysterectomy	General public	Overuse	Examine higher rates among younger women
Colonoscopy	General public	Overuse and Underuse	Higher rates: explore better screening versus more frequent call-backs Lower rates: prevention outreach opportunities?
Gastric bypass	General public	Overuse	Older data may not reflect recent uptake of this procedure
Gall bladder surgery	General public	Overuse	
Upper endoscopy	General public & provider organizations	Overuse	Affirm clear indications for this test
Extremity MRIs	General public	Overuse	
CT & PET scans	General public	Overuse	Avoidable exposure to medical radiation
Drug screening	Policy analysts	Overuse	Consider linkage to chronic pain management
ER visits	General public & purchasers	Overuse	Possible indicator of poor access to primary care clinics

A more comprehensive summary of use rates, reflecting about 30% of all results generated using the AHRQ procedure grouper, was also distributed to members. These reports offer more integrated views of utilization organized along service line, body system, and disease lines.

Members should review these reports and notify Jim Andrianos of any additional services that should be added to the list above. (j.andrianos@calculatedriskinc.com).

The deadline for this input is Friday, February 21.

Population Procedure Rates: Practical Benefits for Consumers and Purchasers

In addition to the foregoing analysis, which is centered on the locales where patients reside, the committee began considering provider-centric reports as a second lens through which to understand procedure use rate information.

Also included was a recap of evidence that value enhancement accompanies increases in consumer engagement, whether via shared decision making, informed consent, patient activation, or enhanced member support. Spending declines, utilization shifts toward less-intensive interventions, and patients' reported decision quality improves.