Washington Health Alliance
Consumer Education Committee Meeting
March 17, 2022

SUMMARY NOTES

Location:	Remote
Committee Members in Attendance:	Van Chaudhari, *University of Washington*, *Committee Chair*
	Michael Garrett, *Mercer*
	Michelle George, *Washington State Health Care Authority*
	Milana McLead, *Washington State Medical Association*
Committee Members Not in Attendance:	Gloria Brigham, *Washington State Nurses Association*
	Sondra Earley, *Earley Insurance Solutions*
	Sarah Greene, *Strategy Consultant and Advisor*
	Nancy Kokenge, *Gallagher Benefit Services*
	Andrew Radolf, *Retired, UNESCO*
	Sherry Reynolds, *Center 4 Health Innovation*
	Matt Munson, *King County*
	Dayna Weatherly, *Proliance Surgeons*
Guests/Staff:	Megan Aukema, *Aukema and Associates*
	Teresa Battels, *Washington Health Alliance*
	Leslie Bennett, *Washington Health Alliance*
	Sharon Eloranta, *Washington Health Alliance*
	Denise Giambalvo, *Washington Health Alliance*
	Nancy Giunto, *Washington Health Alliance*

We reviewed the agenda and the minutes from our March meeting and they were approved with no changes.

Our first agenda item was the opportunity to share a video of the challenges facing Brian Hill, a patient with Parkinson's disease. Our next item was a review and discussion of the Alliance's communication framework, including its major attributes: collaborative, transformative, data-driven, analytical, credible, trusted, purchaser-led. There was support to include inclusive, as there is wide recognition of the importance of inclusive language and the American Medical Association and American Psychological Association recent guidelines regarding inclusive language in health care.

For the Alliance's mission statement, "to build a strong alliance among patients, doctors, hospitals, employers, health plans and others to promote health and improve quality and affordability by reducing overuse, underuse, and misuse of health care services," there was support to use the term "physicians and other health care professionals" rather than doctors and include equity and disparity, such as "address disparities, promote health and equity, and improve quality and affordability by reducing overuse, underuse, and misuse of health care services."

For the Alliance's vision statement, "To improve statewide performance by physicians, ~~and~~ other ~~providers~~ *health care professionals,* and hospitals in the region in the delivery of quality, evidence based care, reduce unwarranted variation, resulting in significant medical cost trends," there was a discussion to include cultural competency and humility, as well as anti-bias and anti-racist but adding health equity and high quality is a place to start. In addition, providers is not a preferred term, but rather, health care professionals.

For "The Washington Health Alliance brings together those who give, get and pay for health care to improve the *equity,* quality and affordability for all residents of Washington state," include equity.

For "The Washington Health Alliance brings together those who give, get and pay for health care to create a*n equitable,* high quality, affordable*, and inclusive* system for all residents of Washington state," include equitable and inclusive.

For "The Alliance provides the most reliable health care quality data in the state to help *health care professionals,* ~~providers,~~ employers, and union trusts make better decisions about health care," change providers to health care professionals.

For "The health care delivery system needs collaborative organizations like the Alliance to *measure and* achieve its goals of higher quality and better value," add measure.

For "The Washington Health Alliance (Alliance) is a 501(c)(3) nonprofit nonpartisan organization working collaboratively to transform Washington state's health care system for the better. The Alliance brings together more than 185 committed member organizations to improve health and health care by offering a form for critical conversation and aligned efforts by health plans, employers, union trusts, hospitals and hospital systems, health care professionals, start-up companies, consultants, consumers, and other health care partners. The Alliance believes strongly in transparency and offers trusted and credible reporting of progress on health care quality, value, pricing, and overall spending. The Alliance publishes its reports at www.WACommunityCheckup.org and provides guidance for consumers at www.OwnYourHealthWA.org so that individuals can make informed health care decisions," recommended to use health care professionals over physicians for consistency, add pharmaceutical manufacturers if keeping the long version, support for shortening the list, deleting start-up companies, consultants in favor of health care partners who are committed to the Alliance's mission and vision.

Reviewing the Alliance Website, a suggestion was made to have a short welcome video by Nancy.

Reviewing the Community Checkup website, we discussed how to incorporate our equity reporting which is evolving, in particular the Area Deprivation Index which is currently being worked on. Also suggested, the Social Vulnerability Index (SVI), from the CDC that provides information about social risk by geographic location: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html. We discussed one option to highlight what's coming up with a "Coming soon" feature on the homepage. We could make the blue box a preview on equity, including a future perspective. Another idea was to add a feedback option. The question of accessibility for those with disabilities, which is also an important question for the websites and needs to be a consideration going forward. This would require substantial financial investment in all of the websites.

Reviewing Own Your Health website, feedback included Own Your Health as an empowerment tool for consumers. Not just access to a PCP and when you need care, but staying healthy as well as the website

being an opportunity for the public to connect to resources. We discussed changing the home page to have a different focus, such as shared decision making, as we move out of COVID. Other suggestions included building checklists for patients and utilizing Ask Me 3. The "Where are you in the process?" area in the center of the page could focus on a different feature and content could be changed on a regular basis. It is also important to consider SEO and sharing materials more widely to broaden the audience.

We received some materials from Merck on-vaccination guidance and we considered the question of whether we'd like to use this for Own Your Health. Mixed opinions were expressed about using these materials given the copyright. Some suggested using guidance from CDC and NIH. In addition, there are different vaccination toolkits are available for different health care professionals, such as National Medical Association. This article was shared with the group for Black History Month on promising trends for Black individuals in healthcare: https://www.mercer.us/our-thinking/healthcare/promising-trends-in-health-and-benefits-for-black-employees.html.

For the Alliance's Diversity, Equity, & Inclusion Initiative, we watched a preview and discussed the opportunity to screen a director's cut of *Between the Shades*, a documentary about the spectrum of being gay in America. We are considering an event that would include portions of the film and a panel discussion on addressing the behavioral health needs of the LGBTQ+ community, the day before the Seattle Pride Parade at the SIFF Egyptian in Seattle on June 25th. There would also be a link to the full length documentary for 2 weeks to Alliance members and a recording made of the event that would also be created.

Suggestions included making this a hybrid event, both in-person and livestreamed and there was support for holding it during Pride month, another option is transgender health in November. It was suggested that we reach out to and/or collaborate with other organizations, such as GSBA, and the City of Seattle's LGBTQ Commission. This information was circulated in the chat: https://www.bizjournals.com/seattle/news/2021/06/23/are-you-supporting-the-health-of-your-lgbtq-employ.html, https://www.thegsba.org/, https://www.glma.org/

We reviewed Alliance data reports coming up with Jim Andrianos. The next report will be a new release of the Total Cost of Care tool that analyzes the cost of care delivered to patients organized by their medical group or clinic. That report is in the approval process going through committees and board of directors. Other reports include adding a pricing domain to the Quality Composite Score.

The Total Cost of Care by Medical Groups and Clinics is different than the previous release because it shifts from a per member per month to a per patient per month. This means the only people who are included in the report are those that actually received health care services during the measurement year, 1/1/2020 to 12/31/2021. We are also requiring a 600 patient minimum as a threshold for reporting. We are excluding high-cost patients, those considered having "catastrophic" medical costs.

This report includes risk-adjusted data to reflect some groups that have patients with fewer health issues and some have more health issues. We reviewed summary results for multi-specialty, family medicine, pediatric, and ob/gyn groups across inpatient, outpatient, professional, prescription drugs and ancillary services.

Jim also reviewed incorporating a new domain on cost for the Quality Composite Score with the feedback provided by the expert panel that is working on developing the methodology. Jim reviewed sample results and the panel's decision to not expand the Cost of Care, but to allow cost to be reported separately, provide a scatterplot graph, present a column that is quality divided by cost, and allow audiences to combine both quality and cost into a single score. We reviewed several sample scatterplot graph with results.

We wrapped up with a preview of the Alliance's newest *Community Checkup* report that will be released shortly.