

**Washington Health Alliance
Consumer Engagement Committee Meeting
July 20, 2017**

SUMMARY NOTES

Location: Alliance office and webinar

Committee Members Attending: Cynthia Eichner, *American Cancer Society*
Sarah Greene, *Health Care Systems Research Network*
Andrew Radolf, *retired, UNESCO*
Sherry Reynolds

Committee Members Absent: Julie Bannester, *CMS*
Michelle George, *PEBB*
Janie Hanson, *SEIU*
Ellen Jensen, *retired, UW Computing & Communications*
Carolyn Martin, *National Libraries of Medicine, UW*
Stan Sorscher, *SPEEA*
Janna Wilson, *King County*

Staff and Guests Present Megan Aukema, *Aukema and Associates*
Casey Calamusa, *Washington Health Alliance*
John Gallagher, *Washington Health Alliance*
Milana McLead, *WSMA*
Cameron Pelly, *Arthur J. Gallagher & Co.*

Welcome & Introductions

John Gallagher and Sarah Greene welcomed the group and facilitated introductions.

Discussion: Translating Hospital Value Report for Consumers

Mr. Gallagher introduced the upcoming Alliance report on hospital value, which uses Medicare cost data and shows scores for quality, cost and patient experience. The results show that higher quality care is more likely associated with lower cost, and vice versa. It was noted that only three hospitals were in the top 10 on all three measures.

The Committee discussed how to message the report at a high level, and who the audience should be. The report will initially only be released to members of the Alliance, but may be made public at a later date. Members discussed that the messages from the report are not around behavior change, but awareness of the fact that cost does not equal quality. It was pointed out that the report could be a useful tool to employers as they communicate with their employees about their health plans. It was noted that it can be a challenge trying to help employers make decisions based on data, not just hospital brand.

The overarching consumer message from the report is that quality and cost are not related. This is a new concept for many consumers and runs counter to many other consumer purchases. An idea was raised of using success stories instead of data: Showing how you can have high quality and save money in the process. The Alliance could provide a case study to employers, showing that if X% of their employees used a certain high-quality health system, they would have saved \$X.

Committee members noted that a challenge with messaging the report to consumers is answering the questions, “What does this mean to me?” and “How do I act on this information?” It was suggested that the Alliance could extrapolate the top three key findings into infographic form, but that audience and messaging would need to be clarified first.

Information: Update on the CEC Name Change

Members reiterated that Consumer Education Committee more accurately reflects the work of the committee. However, it was noted that education is sometimes viewed as the first level of engaging with patients, so this name change could be seen as a step back and potentially minimizing the committee’s role. It was proposed that the name could simply be the Consumer Committee. Other members noted that they viewed the term education as empowering and interactive.

Information: Alliance Updates

Mr. Gallagher shared about the next iteration of the Different Regions, Different Care report. This report will be released via regular highlights of key findings on the website, rather than a full written report as has been done in the past.

Wrap-up

There will be no CEC meeting in August. The next committee meeting will be in-person in September.