

**Washington Health Alliance
Consumer Education Committee Meeting
December 19, 2019**

SUMMARY NOTES

Location: By phone

Committee Members in Attendance: Sarah Greene, *Health Care Systems Research Network
Committee Chair*
Cameron Pelly, *Gallagher Benefit Services*
Andrew Radolf, *Retired, UNESCO*

Committee Members Not in Attendance: Gloria Brigham, *Washington State Nurses Association*
Michael Garrett, *Mercer*
Michelle George, *Washington State Health Care Authority*
Nancy Kokenge, *Gallagher Benefit Services*
Milana McLead, *Washington State Medical Association*
Carolyn Martin, *National Libraries of Medicine*
Matt Munson, *King County*
Shawn Quigley, *Proliance Surgeons*
Tammy Wild, *American Cancer Society*

Staff and Guests Participating: Megan Aukema, *Aukema & Associates*
Leslie Bennett, *Washington Health Alliance*
Nancy Giunto, *Washington Health Alliance*
Van Chaudhari, *University of Washington*

Members welcomed and November minutes approved.

Sarah described last week's board presentation regarding the CEC's shared decision making initiative where we reviewed the additions to the website and played two of videos. Nancy commented that the board applauded at the conclusion of the presentation, noting that it is a rare occurrence, and congratulated the committee for its work. We sent an acknowledgment to Laura thanking her for her participation (movie gift card).

The shared decision making one-pager was reviewed and there were no additions or comments, so now the question is, how do we use it to get more exposure for the website? The hope is that it will be distributed to Alliance purchaser/employer members to increase their awareness and use.

We turned to our More Isn't Always Better Campaign. Leslie passed along two updates for absent members: Tammy indicated that she reached out to her DOH contact and they would be interested in seeing what we come up with for possible posting; Michelle said she is exploring connections within her organization as well.

We reviewed the Choosing Wisely campaign images Megan provided, using humor to get the message across. But unfortunately, they were not interested in selling or licensing the images without co-branding. We reviewed all of the Choosing Wisely campaigns, to get a flavor of what has been done elsewhere. It appears the Choosing Wisely US campaign with Consumer Reports copyright is not available for public use. If we are going to create our own campaign, we don't have to be limited by what has been done previously and can really create it. There was support for the Choosing Wisely Wales approach that uses only 3 questions:

- What are my options?
- What are the benefits and risks?
- What can I do to help myself?

Speculation that More Isn't Always Better is not copyrighted. Some commented that the Choosing Wisely US list of 5 questions is a little weak. Andrew suggested using something like "It's your choice. More Isn't Always Better." People generally liked fewer and shorter questions so that they would be easier to remember. It was also agreed that the questions put the patient in charge of the decision making.

We discussed the question relative to asking what something cost and a lot of patients are uncomfortable asking doctors that question and many doctors don't know. In addition, some consumers may feel that this question will drive a wedge between them and the doctor, almost like insurance trying to say they shouldn't get the treatment. One aspect is that by asking these 3 questions, it will get the consumer to knowing how much it will cost, kind of a Jedi mind trip to get them to the same place.

Some supported the idea that the only way to change the system is precisely that, to get patients talking more about what it costs. The thinking goes that doctors should know how much something will cost a patient and until we coach folks how to ask, doctors are not going to have to learn the answer to the question. Certainly there is significant harm resulting from not knowing the answer, bankruptcies and medical debt that come as a result, and while difficult, very necessary. It would be helpful to draft sample questions for the next meeting for us to review perhaps 3, 4, 5 questions to be included in the poster. Suggestion to consider changing question 2 of the Wales list to include cost: What are risks, benefits, and costs?

A topic area was suggested for us to consider how to support older patients and supporting their use of elective directives. Depending on age and condition, where appropriate, it would be useful to respect and honor their choices, admittedly not directly related, but something for us to consider. WSHA and WSMA have been working on Honoring Choices, we can see if there are opportunities to amplify that message on Own Your Health, perhaps with some additional materials. We discussed the message being that to make a good choice, a patient needs to be informed and has a right to be informed, emphasized the patient has the right to know. "It's your health, your body."

In terms of images, many liked the hiker/mountain idea. Some did not like the fish (wrong message, want more fish), probably not the cows or the gum wall and the banana in the cart isn't as clear. Most folks liked the hot dog because it's taking something that's good and making it bad with the excess.

We discussed that many doctors have no insight into how much the care costs. It is a complex dynamic, given it relies so much on an individual's insurance, where they are in their deductible, co-payments and

co-insurance. When patients ask us this, we refer them to their health plan's cost calculator. You can see broad ranges for the types of treatment that you want, but you can't know often when going in to surgery, maybe you can get physicians talking about a range that is an important strategy. Cost is not a new topic, for example, Premera wanted people to know, and would encourage members to ask their doctors to call the insurance plan to find out what it will cost the patient.

That idea was generally supported from personal experience. Not a surgeon, but when getting a dental implant, the dentist office went over all the costs, but what insurance would cover and what it would not was known, why are dentists so much better at this? And when you're leaving one appointment, they set you up for the next one, in terms of preventive care, dentists do a much better job. And dentists are much more clear, talking about costs, if we do the implant, when it's over, you're done, treat infection, wide ranging discussion, current vs. future costs, if dentists, short vs. long term.

General support for hot dog, some other WA specific, traffic on I-90, ferry line, back up of boats waiting for the locks. Question about other geographic areas, Spokane, Walla Walla, Wenatchee? Other ideas for how we can incorporate other images. We could do several ideas.

Snow was offered as an idea, perhaps a car buried in snow or animals overfeeding at a trough. Generally, the committee supports the idea of keeping the humor.

Suggestion to develop a flyer, social media link, create easily, and might get more exposure.

Another idea is to connect folks to the waste report findings, to focus on the 3 or 4 highest priorities that consumers can do something about for themselves, vitamin D tests, opioids, antibiotics, not the pre-op testing, but to include those. We could draft material for OYH that includes those waste messages and sprinkle them throughout the site, like we did the videos. The key is to make it easy, click on the link, scan QR code, easily translate the message, when it comes to medical tests, treatments, procedures, these are the ones you should focus on.

There was support that we should include a more specific message after More Isn't Always Better, "the same goes for your health care" so people know what we're talking about

One consideration when thinking about this campaign is how to be clear that we want people to get their preventive care, how do we balance that message, it's not our intention, hate for people to misunderstand that we don't want them to avoid their preventive care. We certainly want to emphasize that paying attention to preventive care, not saying more never is better, isn't always better, preventive care is necessary because staying healthy means you can maintain better health, and avoid that high cost down the line.

We discussed the preventive care aspect of the CEC and the materials on OYH. Those were created with the idea of focusing on subjects that hadn't had much exposure, but if there are areas that would be good to include, we can expand on anything that we have. If folks want to take a look at provide feedback, that's always welcome. Generally, we guide folks to get good preventive care through our Community Checkup and we also have reports on patient experience with primary care providers

The primary care focus is a bit different than the More Isn't Always Better campaign, so it may be helpful to think about the two as having separate goals. There's the preventive care on one hand, and the "sick" care or whatever brought you that time to that doctor,

Make the point that if you take care of yourself, you don't have to do the later. There's a lot of attention now of being put on primary care as part of our medical care spend, and if we consider how we spend our health care dollars in prevention, that primary care piece, and focus on wellness and lifespan, that is a critical component, because they are linked.

Follow Ups/Next Steps

Leslie will: follow up with Yuriy, our Alliance staff member who is also a photographer to see if he can come up with some possible pictures for the campaign poster; draft some possible questions for the group to consider; and mock up some possible posters. She will also review the OYH website to see what additions may be made in terms of content for waste messaging.