Washington Health Alliance Consumer Education Committee Meeting May 17, 2018

SUMMARY NOTES

Location:	Webinar
Committee Members Attending:	Michelle George, <i>PEBB</i> Sarah Greene, <i>Health Care Systems Research Network</i> Nancy Kokenge, <i>Arthur J. Gallgher & Co.</i> Cameron Pelly, <i>Arthur J. Gallagher & Co.</i> Andrew Radolf, <i>retired, UNESCO</i>
Committee Members Absent:	Julie Bannester, <i>CMS</i> Cynthia Eichner, <i>Overlake Hospital</i> Janie Hanson, <i>SEIU</i> Michael Garrett, <i>Mercer</i> Ellen Jensen, <i>retired</i> , <i>UW Computing & Communications</i> Carolyn Martin, <i>National Libraries of Medicine, UW</i> Milana McLead, <i>WSMA</i> Sherry Reynolds, <i>Center 4 Health Innovation</i> Stan Sorscher, <i>SPEEA</i> Janna Wilson, <i>King County</i>
Staff and Guests Present:	Megan Aukema, <i>Aukema & Assoc.</i> Casey Calamusa, <i>Washington Health Alliance</i> Tammy Wild, <i>American Cancer Society</i>

Information: Follow up on how to engage with Health Literacy Northwest

The group discussed last month's presentation by Health Literacy Northwest. Andrew Radolf shared this note, which was discussed by the group:

"Don Rubin noted the higher death rate African American men in Georgia had for prostate cancer. He speculated that one reason for this was a lack of information being given to them concerning more advanced treatment.

This raises an important issue for health literacy: To be truly health literate, a patient has to not only receive information and understand it, but also be aware of what information he/she might not be receiving and then be in a position to ask the relevant questions concerning what was not told about treatment options.

There is also an ethical issue if for some reason physicians are not providing some patients with all of the treatment options that are available. My main point is that literacy also involves the flow of information between the parties as well as understanding what is being shared."

Members discussed that it would be a good idea to have an Own Your Health article about what happens when you're facing a serious illness. In addition, there is the Washington State Public Health Association conference in Oct., and it may be possible for the Alliance to participate on a panel or provide educational materials.

Information and discussion: Hospital Value Report messaging and visualizations

The Committee reviewed the data for the upcoming Hospital Value Report, looking at blinded results for the hospitals, ranked by quality, patient experience, and gross charge index. The full report will be available to Alliance members next week, while certain data and high-level results will be available via a public highlight on the Community Checkup website.

While reviewing results, it was discussed that quality doesn't necessarily align with patient experience, and also that quality doesn't necessarily align with cost. We discussed how best to communicate these complicated messages. The Committee reviewed the Tableau dashboard that is being developed to share the hospital results publicly, and provided feedback about the design and content.

The Alliance will be reaching out to top-performing hospitals to let them know about their rankings and encouraging them to share the public results of the report.

Updates and wrap-up

Megan Aukema shared about the ongoing media relations efforts, including the placement of an op-ed in the Puget Sound Business Journal and an editorial by the Everett Herald. Both pieces focused on the Alliance's "First, Do No Harm" report.

Casey Calamusa shared that he has accepted a position with another organization, so the CEC will be led by Sarah Greene, Megan Aukema, and Alliance directors during the interim.

The next meeting will be a teleconference on June 21, from 10 a.m. – 11 a.m.