Quality Improvement Committee

Thursday, May 12, 2016

MEETING SUMMARY

Committee Members Present:	Peter McGough, *UW Medicine (Chair)* David Buchholz, *Premera Blue Cross* Christopher Dale, *Swedish Health Services* Nancy Fisher, *Centers for Medicare & Medicaid Services (phone)* Bruce Gregg, *MultiCare Health System (phone)* Matt Handley, *Group Health Cooperative* Dan Kent, *UnitedHealthcare* Randal Moseley, *Confluence Health (phone)* Michelle Martin, *Polyclinic* Terry Rogers, *Foundation for Health Care Quality* Hugh Straley, *The Bree Collaborative*
Committee Members Absent:	Lydia Bartholomew, *Aetna* Gary Knox, *Rockwood Clinic* Pat Kulpa, *Regence Blue Shield* Dan Lessler, *WA State Health Care Authority* Scott Kronlund, *Northwest Physicians Network* Bob Mecklenburg, *Virginia Mason Medical Center* John Sobeck, *Cigna Health Care* Jonathan Sugarman, *Qualis Health* Lynette Wachholz, *The Everett Clinic*
Staff and Guests Present:	Jim Andrianos, Alliance Health Information Consultant Lisa Chenevert for Lydia Bartholomew, *Aetna (phone)* Susie Dade, Washington Health Alliance Nancy Guinto, Washington Health Alliance Laurie Kavanagh, Washington Health Alliance Mary Kemhus, *Novartis* Dan Monahan, *Novartis* Sue Miller, *Astellas* Kim Orchard, *CHI Franciscan Health System*

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

Dr. McGough welcomed everyone and the QIC members reviewed the March 2016 meeting summary, which was approved as presented.

- **ACTION: Approval of March 2016 meeting summary**

New Alliance staff member Laurie Kavanagh introduced herself to the QIC.

The majority of the meeting was devoted to Mr. Jim Andrianos presenting a preview of the upcoming 2016 **Different Regions, Different Health Care: Where You Live Matters** report results. This report includes information on variation in procedure rates based on where people live in Washington state. The report focuses on those commercially insured and has a target audience of purchaser, health plan and provider members.

The Alliance solicited the Committee's guidance in several areas, including:

1. How do the results look?
2. What is your feedback about the graphic displays – does one type work better than others?
3. What guidance do you have regarding the content and tone of messaging to accompany the results?

In response to **question #1, "How do the results look?"**, the Committee thought the report was very good overall. Members recommended that the Alliance reconsider when to stratify the data by gender and age to do so only when clinically appropriate. For example, Committee members agreed that it doesn't make sense to stratify results by detailed age groupings and gender for Nasal Endoscopy; however, the Committee agreed that it makes sense to see results for Nasal Endoscopy stratified by two major groups: child and adult.

The committee recommended exploring whether it would be possible to cluster results for measures that may be related. For example, the following types of clusters were recommended:

- Mammography and breast biopsy
- Epidural Steroid Injection (ESI), opioid prescription and back surgery
- Knee injection, arthroscopy, and knee replacement

There was a lot of discussion about the results regarding Opioid prescriptions. The Committee recommended including the Morphine Equivalent Dose (MED), over 20 or 50 MED/day.
The Committee agreed that colon cancer screening should not be included in the upcoming report. In addition, the Committee questioned the inclusion of tubal ligation in the report.

Responding to **question #2**, **feedback about the graphic displays**, the Committee recommended adding rates to the maps. Committee members also noted that they liked both the maps and the bar charts and that a combination of the two throughout the report would add variety and interest. Additionally, they suggested moving away from the use of the colors red and green in the graphic displays. This, in part, is due to the fact that people view the color red as bad and the color green as good when we're not exactly sure what the correct rate is in many cases. In addition, the colors red and green are problematic for those who are color blind.

In response to **question #3** regarding the **content and tone of messaging**, the Committee said the message and tone of the report should remain observational rather than draw specific conclusions.

UPCOMING QIC MEETINGS

- **June 9, 2:00-4:00 pm at the Alliance**
- **July 14, 2:00-4:00 pm at the Alliance**
- **September 8, 2:00-4:00 pm at the Alliance**