Washington Health Alliance

Quality Improvement Committee

May 14, 2015

MEETING SUMMARY

Committee Members Present:
Lydia Bartholomew, *Aetna*
Christopher Dale, *Swedish Health Services*
Nancy Fisher, *Centers for Medicare & Medicaid Services (phone)*
Bruce Gregg, *MultiCare Health System (phone)*
Matt Handley, *Group Health Cooperative*
Scott Kronlund, *Northwest Physicians Network (phone)*
Pat Kulpa, *Regence Blue Shield*
Bob Mecklenburg, *Virginia Mason Medical Center (phone)*
Francis Mercado, *Franciscan Health System*
Terry Rogers, *Foundation for Health Care Quality*
John Sobeck, *Cigna Health Care (phone)*
Jonathan Sugarman, *Qualis Health (phone)*

Committee Members Absent:
Dan Kent, *Premera Blue Cross*
Dan Lessler, *WA State Health Care Authority*
Kathy Lofi, *WA State Department of Health*
Peter McGough, *UW Medicine (Chair)*
Hugh Straley, *Emeritus*
Michael Tronolone, *The Polyclinic*

Staff and Guests Present:
Teresa Litton, *Washington Health Alliance*
Natasha Rosenblatt, *Washington Health Alliance*
Jim Andrianos, *Calculated Risk*
Dan Monahan, *Novartis*
Ken Fernando, *Merck*
Sue Miller, *Astellas (phone)*

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

Dr. Matt Handley filled in as the meeting's chair for Dr. Peter McGough who was not able to attend. Dr. Handley welcomed everyone and QIC members reviewed and approved the March 2015 meeting summary.

- **ACTION:** Approval of March 2015 meeting summary

COMMUNITY CHECKUP DENOMINATOR THRESHOLD

Mr. Andrianos provided a background on the current denominator threshold of 160 patients for each quality measure. Mr. Andrianos then provided the staff recommendation of reducing the minimum sample size to 100 patients for each quality measure and provided supporting case examples of various denominator thresholds and the relative impact on the number of reportable results, based data from the most recent Community Checkup. The discussion included questions around "why 100?" and "why not lower than 100, such as 80?" The QIC members referenced the case examples and the various denominators impact on the sensitivity of the point estimate and confidence intervals. The QIC agreed without objections that 100 was an appropriate balance between statistical considerations and increased number of reportable results.

- **ACTION:** The QIC approved reducing the minimum sample size to 100 patients for each quality measure.

DEMO OF TOOL TO AID DISCUSSION: HOW IMPROVEMENT CAN MAKE A DIFFERENCE

Mr. Andrianos presented a prototype tool designed to help communicate how quality improvement can make a difference in Washington state. *As an example, for breast cancer screening in Washington state, the tool may help answer the question: If we improved our screening rate by two or three percentage points, how many more lives might be saved or life years gained?* For each measure the tool would be based on at least one research study and would need QIC's clinical oversight in study selection and result interpretation.

The QIC discussion included suggestions about another case use beyond consumers, purchasers, and policy makers, where the tool could be valuable among health systems in supporting the framing and understanding of why it's important among staff. The discussion continued with questions around the ability to model cost, which would be highly valuable to help direct limited resources and demonstrate meaningful return on investment. Concern was raised about the risk of modeling which are based on a number of assumptions. Recommend to test in a limited way and include clear caveats along with the information. Recommendation to look into the similar NCQA calculator and see if there are other organizations that we could partner with who may be working on this type of information/tool.

PROGRESS REPORT: SELECTION OF HOSPITAL QUALITY MEASURES FOR COMMUNITY CHECKUP WEBSITE

Ms. Litton provided a background and midpoint check-in on the Hospital Quality Measure Subcommittee's work to date. Recommendations coming from the subcommittee include significant changes from the current hospital measures found on the Alliance's website, including the recommendation to discontinue 31 of the current 47 measures, including: retired CMS core measures, Leap Frog (less hospitals participating), and DOH CHARS Never Events. Out of the 137 measures considered, the subcommittee currently has a recommended list of 46 (including 11 common set measures) and seven "maybe" measures.

The QIC discussion included the recommendation to reduce the number of measures, such as having two for each category/domain, especially with other websites available with extensive measure lists (and perhaps linking to those sites for more information). Other QIC

recommendations include considering denominator sizes and the number of individuals impacted by the measure and to select measures that are able to tell a story or that represent bigger system performance.

ACTION: COMMUNITY CHECKUP AND THE COMMON MEASURES

Ms. Litton provided a cross walk of statewide common core measures alongside current Community Checkup measures, which includes eight Community Checkup measures that are not on the Common Core set:

Of those, the QIC was asked to consider if the *Use of Beta Blockers for Heart Disease* (HEDIS: *Persistence of Beta-Blocker Treatment After a Heart Attack*) measure was one that should be continued. The QIC discussed how there was little reportable results at a clinic level. In addition, a couple of QIC members thought this was a retired NCQA measure.

- **ACTION**: The QIC recommended discontinuing the *Heart Disease Use of Beta Blocker/ Persistence of Beta-Blocker Treatment After a Heart Attack* measure.

Following this decision, the QIC raised the issue that the *Cholesterol testing for Heart Disease* (HEDIS: *Cholesterol Management for Patients with Cardiovascular Conditions*) was a retired measure (proposed retirement for HEDIS 2015: http://www.ncqa.org/Portals/0/HomePage/Compiled_PC_Materials.pdf). The Alliance staff was not familiar with NCQA's proposed decision and will follow-up at an upcoming QIC meeting.

PREVIEW: DISPARITIES IN CARE

Ms. Litton provided the latest Disparities in Care preliminary results, which are the Community Checkup measures stratified by race/ethnicity/language. As this will be the third Disparities in Care report, a look at some of the measure results and attribution changes over time was included in the discussion.

The QIC discussion recommended having an aspirational title vs just what is being measured (e.g. "*Aiming for equitable health care in Washington state: 2015 Disparities in Care*"), recommended to look into RAND data (I.e. Rand's Health Equity report: http://www.rand.org/pubs/external_publications/EP50696.html) in addition to the BRFSS data planned to be incorporated. Because this agenda item was at the end of the meeting and time was cut short, members were invited to send their feedback electronically. The report is earmarked to be published this summer.

NEXT STEPS

- The next QIC meeting is on July 9, 2015 from 2:00 – 4:00 pm at the Alliance.
- *NOTE: There will not be a QIC meeting in June.*