Quality Improvement Committee (QIC)
Thursday, September 12, 2019

Committee Members Present:	Mary Anderson, *The Polyclinic*
	Lydia Bartholomew, *Aetna*
	Peter Dunbar, *Foundation for Health Care Quality*
	Sharon Eloranta, *CHI Franciscan Health* (phone)
	Nancy Fisher, *Region 8, 9 & 10, CMS* (phone)
	Bruce Gregg, *MultiCare Health System (*phone)
	Kim Herner, *Valley Medical Center*
	Dan Kent, *UnitedHealthcare Community Plan (Chair)*
	Bob Mecklenburg, *Virginia Mason Medical Center*
	Michael Myint, *Swedish Health Services* (phone)
	Drew Oliveira, *Regence Blue Shield*
	John Vassall, *Comagine Health*
Committee Members Absent:	Frances Gough, *Molina Health Care*
	Matt Handley, *Kaiser Permanente Washington*
	Darcy Jaffe, *WA State Hospital Association*
	Matt Jaffy, *UW Neighborhood Clinics*
	Gary Knox, *MultiCare Rockwood Clinic*
	Randal Moseley, *Confluence Health*
	John Sobeck, *Cigna*
	Hugh Straley*, The Robert Bree Collaborative*
	Julie Stroud, *Northwest Physicians Network/The Everett Clinic*
	Judy Zerzan, *WA State Health Care Authority*
Staff Present:	Susie Dade, *Washington Health Alliance*
	Nancy Giunto, *Washington Health Alliance*
	Theresa Tamura, *Washington Health Alliance*
Guests:	Jim Andrianos, Calculated Risk (phone)
	Sue Bergman, *Washington State Hospital Association* (phone)
	Bruce Howard, *Spark Therapeutics*
	Dan Monahan*, Novartis*

I. INTRODUCTIONS, APPROVAL OF MEETING MINUTES, UPDATES

ACTION - The QIC reviewed and approved the QIC meeting minutes from June 13, 2019.

Updates: Ms. Dade provided several updates for the QIC.

- Lynn Wachholz from The Everett Clinic has stepped down from the QIC and has indicated that Julie Stroud will now be representing The Everett Clinic and Northwest Physicians Network, both organizations are now affiliated with Optum.
- David Buchholz has left Premera Blue Cross and so is no longer serving on the QIC. Ms. Dade has contacted Premera to ask for the identification of another clinician leader from Premera to join the QIC.
- State oversight of the state-mandated All Payer Claims Database (WA-APCD) is shifting from the Office of Financial Management (OFM) to the Health Care Authority (HCA), effective 1/1/20. Oregon Health and Science University (OHSU) will discontinue as the WA-APCD Lead Organization, effective 12/31/2019. The Washington Health Alliance has submitted a formal proposal to the Health Care Authority to serve as the Lead Organization for WA-APCD, in response to state RFP #3892. There was at least one other bidder who submitted a Letter of Intent to submit a proposal – another Oregon-based organization. A State decision is expected October 4, 2019.

II. FINALIZE MEASURE SPECIFICATION FOR THE POTENTIALLY AVOIDABLE ER VISIT MEASURE

At its April 2019 meeting, the QIC asked that a small, ad hoc work group meet to review and update the Alliance's measure on Potentially Avoidable ER Visits. A small work group formed to complete this task. The work group included the following individuals:

1. David Buchholz, MD, Medical Director of Provider Engagement, Premera Blue Cross
2. Bruce Gregg, MD, Primary Care Medical Director, MultiCare Health System
3. Kim Herner, MD, Chief Quality Officer, Valley Medical Center
4. John Sobeck, MD, Market Medical Executive, Cigna

In addition, the following two individuals joined to provide expertise: (1) Dr. Cameron Buck, Medical Director, Valley Medical Center; Quality & Patient Safety Committee, AECP, and (2) Tonya Owens, Provider Engagement Manager, Premera Blue Cross (provided coding consultation)

The *current* measure on Potentially Avoidable ER visits includes 346 ICD-10 codes (and commensurate ICD-9 codes when applicable). This measure was last updated in 2017 and reflects a merging of the original Medi-Cal measure, the Group Health measure that was current at that time, and a similar measure from Q-Corp in Oregon. The 2017 update was overseen and approved by the Alliance's Quality Improvement Committee.

The work group reviewed detailed data provided by Premera Blue Cross on the top 100 ER visits diagnosis categories over a one-year period. Twenty diagnosis categories were identified for

further investigation (deep dive on additional ICD-10 codes that roll-up to that category). The work group's deep dive included a review of 1,084 ICD-10 codes in the following categories:

1. Administrative Social Admissions
2. Allergic Reactions
3. Anxiety Disorders
4. Diseases of Mouth (excluding dental)
5. Disorders to Teeth and Jaw
6. Fever of Unknown Origin
7. Genitourinary Symptoms
8. Immunizations and Screening
9. Lymphadenitis
10. Menstrual Disorders
11. Other Aftercare
12. Other Bone Disease
13. Other Connective Tissue Disease
14. Other Ear and Sense Organ
15. Other Non-Traumatic Joint Disorder
16. Other Screening
17. Other Skin Disorders
18. Sprains and Strains
19. Superficial Injury
20. Viral Infection

The workgroup formulated specific recommendations regarding which ICD-10 codes to remove and add to the numerator for the Potentially Avoidable ER Visit measure. The work group was unable to achieve 100% consensus on all details and this was made known to the QIC along with the recommendations to the QIC. The QIC was asked to make the final decision.

ACTION – The QIC voted 11-1 in favor of approving the following:

1. **Remove ten ICD-10 codes** from the Potentially Avoidable ER Visit measure:
    a. Cystitis with hematuria (6 related codes)
    b. Acute mastoiditis with other complications (4 related codes)

2. **Add 131 ICD-10 codes** to the Potentially Avoidable ER Visit measure:
    a. Administration/social admission (4 related codes)
    b. Allergic reactions (29 related codes)
    c. Diseases of mouth, excluding dental (2 related codes)
    d. Disorders of teeth and jaw (5 related codes)
    e. Genitourinary symptoms and ill-defined conditions (1 related code)
    f. Immunizations and screening for infectious disease (6 related codes)
    g. Menstrual disorders (2 related codes)
    h. Other aftercare (17 related codes)
    i. Other ear and sense organ disorders (33 related codes)
    j. Other screening for suspected conditions (4 related codes)
    k. Other skin disorders (19 related codes)
    l. Sprains and strains (5 related codes)
    m. Viral infection (4 related codes)

The QIC also commented on the Potentially Avoidable ER measure in general. They noted that this is a measure of system effectiveness, i.e., are we treating patients in the most appropriate cost-effective setting, and are we providing a sufficient number of appropriate sites of care to ensure patients have alternatives to the ER. The QIC noted that the measure (and the ICD-10 codes included in the numerator) should not be used to decide upon treatment of a patient at the point of care.

III. FINALIZE HOSPITAL INPATIENT QUALITY MEASURES

At its April 2019 meeting, the QIC asked a small ad hoc work group to review the hospital inpatient quality measures currently reported on the Community Checkup website and make recommendations about measures that should be discontinued or added. At its June 2019 meeting, the QIC took action to remove two and add one hospital quality measures. The QIC tabled action to add the following measure in order to give the QIC time to read a recent NEJM article, "The Hospital Readmission Reduction Program – Time for a Reboot," that was recommended for consideration by Dr. Matt Handley.

Heart Failure 30-day Readmission, NQF-endorsed measure, #0330

Definition: The measure estimates a hospital-level 30-day risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of heart failure (HF). The outcome is defined as readmission for any cause within 30 days of the discharge date for the index hospitalization, excluding a specified set of planned readmissions. The target population is patients aged 18 years and older. The current state average is 20.8%. The data source for Alliance reporting will be WSHA/CMS Hospital Compare.

ACTION – The QIC voted 10-2 in favor of adding this measure (Heart Failure 30-day Readmission, NQF-endorsed measure, #0330) to the hospital quality measures included on the Community Checkup website. The QIC also asked that the Alliance give consideration to including a suite of measures related to inpatient care for heart failure in order to provide a more complete picture of performance related to this complex condition.

IV. QUALITY MEASURES TO INCLUDE IN ALLIANCE'S NEW HOSPITAL VALUE REPORT

Ms. Dade explained that the Alliance is preparing to release a new Hospital Value Report in Q4 2019 that includes a charge index based on commercially allowed amounts for inpatient care (instead of Medicare FFS). The Alliance would like to add an additional quality measure. Currently, the Hospital Value Report includes eight risk adjusted mortality measures and five risk adjusted patient safety measures, all developed by AHRQ and NQF-endorsed, and approved by the QIC at a previous meeting. This new measure would be the 14th quality measure included in the report:

PSI-9 (Perioperative Hemorrhage or Hematoma, NQF #2909)

AHRQ's DESCRIPTION: Perioperative hemorrhage or hematoma cases involving a procedure to treat the hemorrhage or hematoma, following surgery per 1,000 surgical discharges for patients ages 18 years and older. Excludes cases with a diagnosis of coagulation disorder; cases with a principal diagnosis of perioperative hemorrhage or hematoma; cases with a secondary diagnosis of perioperative hemorrhage or hematoma present on admission; cases where the only operating room procedure is for treatment of perioperative hemorrhage or hematoma; obstetric cases.

ACTION – The QIC voted 12-0 in favor of approving inclusion of this additional AHRQ measure in the Hospital Value Report.

V. HEALTH WASTE CALCULATOR RESULTS AT THE MEDICAL GROUP LEVEL

Ms. Dade presented new results from the Health Waste Calculator, including results for a four-year period (2014-2017) for the commercially insured and Medicaid insured patients. Included in the new results are medical group level results for medical groups with the highest number of attributed patients, including 30 medical groups for the commercially insured and 33 medical groups for the Medicaid insured. Ms. Dade noted that the Alliance is preparing a new report (due out in Q4 2019) and sought guidance from the QIC regarding whether the Alliance should publicly release un-blinded medical group results. **The QIC was unanimous in its strong support for releasing un-blinded results, even noting that the Alliance is "obliged" to share this information.** The QIC asked a number of good questions and made several suggestions for additional things to consider for inclusion in the report.

The next QIC meeting will be Thursday, November 14, 2019 from 2:00 – 4:00 at the Alliance.