Quality Improvement Committee (QIC)

Meeting Summary

Thursday, October 08, 2020 (Meeting held virtually)

Members Present: Mary Anderson, *The Polyclinic*
Lydia Bartholomew, *Aetna*
Arkady DeRoest for Aileen Mickey, *EvergreenHealth Medical Group*
Bruce Gregg, *MultiCare Health System*
Darcy Jaffe, *Washington State Hospital Association*
Matt Jaffy, *UW Neighborhood Clinics*
Dan Kent, *UnitedHealthcare Community Plan (Chair)*
Drew Oliveira, *Regence Blue Shield*
Jessica Schlicher, *CHI Franciscan Health*
Paul Sherman, *Community Health Plan of Washington*
Judy Zerzan, *Washington State Health Care Authority*

Members Absent: Drew Baldwin, *Virginia Mason Medical Center*
Matt Handley, *Kaiser Permanente Washington*
Nancy Fisher, *Region 8, 9 & 10, CMS*
Frances Gough, *Molina Health Care*
Randal Moseley, *Confluence Health*
Kim Herner, *Valley Medical Center*
Gary Knox, *MultiCare Rockwood Clinic*
Charles Peterson, *Proliance Surgeons*
Julie Stroud, *Northwest Physicians Network/The Everett Clinic*
Hugh Straley, *The Robert Bree Collaborative*
John Vassall, *Comagine Health*

Guest: Linda Liu, HCA

Staff Present: Leslie Bennett, Nancy Giunto, Karen Johnson, Mark Pregler, and Theresa Tamura (Washington Health Alliance) and Jim Andrianos (Calculated Risk – WHA Consultant)

Introductions, approval of meeting minutes

- Dr. Kent welcomed committee members and new member Dr. Leong Koh from Kaiser Permanente Northwest, a new Alliance member.

Action: The QIC meeting minutes from September 2020 were approved with no changes.

Open discussion: 2021 Meeting Dates

- The regular cadence for QIC meetings is Thursday, 2-4 PM, every other month
- The committee agreed to continue to meet on the same schedule in 2021, including the summer months.
- The 2021 meeting dates are:
    - February 11, April 8, June 10, August 12, October 14, December 9

Open Discussion: Measuring Quality Through an Equity Lens

The group continued the conversation started in the September meeting with a focus on the collection of Race, Ethnicity, and Language (REL) and broader social determinants of health (SDOH) data that supports reliable measurement of quality through an equity lens. The group discussion included the following key points:

- Collecting race, ethnicity, language, and other data that are indicators of sub-populations and/or important SDOH factors is problematic for a variety of reasons:
    - The way the data is collected can influence its accuracy and completeness
    - The questions are often posed in different ways eliciting different responses – even within the same program
    - Some are hesitant to ask these questions without actionable solutions to address underlying issues.
- In the absence of robust primary data collection, many organizations are using methods that impute race, ethnicity, language, and/or SDOH factors based on large, publicly available datasets, such as census data.
    - It was noted that these methods are more reliable at the population level. Imputed methodologies rely on assumptions drawn at a population level and introduce a degree of implicit bias that does not always translate accurately at the individual level.

From a stakeholder perspective, there are differing demands/drivers for action.

- Darcy Jaffe indicated that the Washington State Hospital Association's Safety & Quality Committee is working with its members to standardize the REL/SDOH data collection process
- Health plan activities are largely centered around accreditation and/or state contracting requirements; though not exclusively as efforts to understand and impact health equity gain priority attention across many purchasers.
- Z-Codes (ICD-10-CM codes that identify non-medical factors that influence health status) were suggested as one important mechanism to standardize and share SDOH data between providers and plans. Community Health Centers are focused on incorporating Z-Codes.
- ACH's and the Bree Collaborative are actively engaged in this work and it would be good to understand what they are doing and learning.

It was generally agreed that this committee would benefit from understanding work happening outside of their own organizations and/or stakeholder groups with the aim of accelerating efforts of others and not duplicating effort. The Alliance has engaged three of the largest health plans in an effort to understand their priorities and activities related to REL/SDOH data-related efforts. We will continue to pursue other inputs that inform this important conversation across Alliance stakeholders.

It was also noted that considering the racial and ethnic make-up of the population being cared for is an important consideration for workforce planning. At least some organization are making efforts to match the caregiving population to its patient population.

Update and Discussion: Quality Composite Score

Karen Johnson summarized for the committee the publication of the Quality Composite Score (QCS) at the county and Accountable Communities of Health levels this summer and the more recent publication at the medical group and clinic level in September of this year. The group discussion included the following points:

- It was noted that it is more difficult for a medical group to understand the drivers of its ranking results using the composite methodology than the prior points system.
- There was a request for more detailed technical specifications to better understand domain weightings and other factors that influence the composite score.

Karen Johnson described a more detailed methodology document the Alliance staff has developed that can be shared with Alliance members who are included in public reporting of QCS with a signed non-disclosure agreement.

The QIC concurred with the Alliance staff recommendation to pursue the addition of a fifth QCS domain around cost at its September meeting. A workgroup consisting of QIC and HEC members will be convened to pursue this aim. The committee was asked to provide input regarding "the dimensions of cost that are relevant and meaningful to composite measurement" from their perspectives. There was good conversation and suggestions that included the following:

- Ensure it is actionable for improvement efforts by medical groups
- Ensure it is actionable for others, such as purchasers
- Use relative benchmarks (such as Medicare) as much as possible
- Consider utilization as an important measure of cost as much as price (utilization, referral rates, etc.)
- Total cost of care is a logical starting point

Open Discussion: Seeking Input on Alliance Work

The Alliance is in the midst of its annual and longer-term strategic planning process. As part of this effort, it is seeking input from its members regarding the ways in which Alliance work is of value to them. With that in mind, the group was asked to respond to a short survey that was recently administered to the Alliance Board. The results correlate closely with what we heard from the Board (albeit a small sample toward the end of the meeting). "Trusted convener" and "transparent measurement and reporting" were ranked as the strongest of the Alliance's three core competencies with scores in the 4-5 range, with the most opportunity for improvement in "driving action" with scores in the 3-4 range.

When asked to indicate the **current Alliance activities** with the highest value to QIC members, Community Checkup was the clear front runner followed closely by QIC meetings.

When asked to indicate **future opportunities for the Alliance to add greater value**, cost benchmarking (including total cost of care and Medicare reference pricing) was the clear front runner followed by health equity/SDOH and pharmacy focused work.

Open Information Exchange/Journal Club

During this time for open exchange around "what's on your minds and not on the agenda", we heard the following comments and recommendations:

- Dr. Leong Koh recommended The Immortal Life of Henrietta Flacks.
- Dr. Kim Herner noted that September is suicide prevention month and that it is important to acknowledge this given the high rate of physician suicide amidst increasing burnout and stress among caregivers.
- The work of the AAFP on the topic of burn-out was also noted. A link to the white paper on this topic, currently available on their website in included here.