Quality Improvement Committee (QIC)

Meeting Summary

Thursday, October 14, 2021 (Meeting held virtually)

Members Present: Darcy Jaffe, Washington State Hospital Association
Edwin Carmack, Confluence Health
Jessica Schlicher, CHI Franciscan Health
John Vassall, Comagine Health
Judy Zerzan-Thul, HCA
Matt Jaffy, UW Neighborhood Clinics
Mike Myint, Multicare
Nancy Fisher, Region 8, 9 & 10, CMS
Paul Sherman, Community Health Plan of Washington
Rick Hourigan, CIGNA
Kavita Chawla, VM Franciscan Health
Drew Oliveira, Regence Blue Shield
Lydia Bartholomew, Aetna
Frances Gough, Molina Health Care
Leong Koh, Kaiser Permanente Northwest
Steve Jacobson, Premera
Komal Patil-Sisodia, Evergreen Health

Members Absent: Charles Peterson, Proliance Surgeons
Julie Stroud, Northwest Physicians Network/The Everett Clinic
Kim Herner, Valley Medical Center
Dan Kent, United Healthcare
Hugh Straley, Dr. Robert Bree Collaborative

Guests: Gregory Jones, Lucid Living
Lisa Ivanjack, PacMed

Staff Present: Leslie Bennett, Nancy Giunto, Sharon Eloranta, Girma Demissie, and Jim Andrianos (WHA Consultant)

Introductions, approval of meeting minutes

Members introduced themselves and we welcomed our guests.

Action: The QIC meeting summary from August 2021 was approved with no changes.

Purchaser Priorities (Nancy Giunto)

Nancy reviewed the Purchaser Priorities for Action and requested feedback and advice from the QIC members.

- General comments included: looks straightforward; solid; happy to collaborate on ICER.
- Detailed comments/questions:

- Employers have worked on these for a long time and affordability is still an issue. We should find ways to get employers to drive affordability.
- Are payers willing to pay for integrated behavioral health?
- How can we work with payers to speed up response times in approving post-acute care such as SNF/HH?
- From a primary care perspective, there is knowledge about SDOH and team based care, but very little understanding about cost, transparency. Purchasers could partner with primary care to provide this information.
- Alliance should encourage purchasers to push for simplification from health plans, e.g., how to read an EOB; need "radical decomplexification."

Low Back Pain Implementation Collaborative (Nancy Giunto and Sharon Eloranta)
Nancy reviewed the Collaborative Aims and strategies for implementation; these lay the foundation and guidance for the work. There are patient and provider strategies; we understand that there will be challenges in implementation. Purchasers have certain levers, but everyone has a part to play. This (in the slide deck) is an initial draft.

Nancy also requested commitments from organizations to participate; need an organizational commitment to act on implementation; signees need to be able to commit on behalf of the organization. Meetings will start in early 2022 and will run through March 2023.

Sharon then invited open discussion about current state of LBP-related initiatives.

- Responses and overall questions included:

  - Need to establish detailed metrics.
  - Use of clinical decision support for imaging, referrals; creating partnership with Physical Medicine and Rehabilitation/sports medicine as the "front door" for all comers. Surgeons also willing to see patients and NOT think of surgery as a first step.
  - Several organizations working on reducing advanced imaging (MRI) as outcome, with success coming through EHR optimizations to support best practices. Others are working on tracking and reducing opioid use.
  - Premera is working on the Cascade Care (Bree) initiatives – can these be mutually supportive? Opioids, imaging are the pertinent topics. Suggest collaborating with Bree.
  - Opioid monitoring may have lapsed recently for some partners.
  - There is a need to update the data on MRI use: are we making progress – need five or ten years of data to evaluate. Have we moved the needle? Nancy stated that non-evidence based imaging for LBP is still high for a sample of purchasers. Need to isolate any hot spots.
  - It would be a good idea to unblind opioid reports (allow providers within an organization to see each other's data to drive change).
  - Health plans use pre-authorization for imaging as one tool.

- Consider 6 -8 weeks of self-management support (triage for patients without red flags) – would reduce high-cost interventions/specialty care, and reduce cost.
- HEDIS guidelines – we could establish a key performance indicator for ordering of MRI for LBP. Would help to set targets.
- Consider use of systemic steroids as another non-evidence based treatment; think about evidence basis for physical therapy (identify and summarize this).
- Consider what we know about impact of social determinants on various aspects of LBP access and care.

Updates on Alliance Reporting Activities (Jim Andrianos)

Jim shared the work that the Alliance team is doing on developing a total costs of care report; expanding the Quality Composite Score to include a cost domain; and the social determinants analysis using the Area Deprivation Index. The goal of his presentation was to inform QIC members about the current status of these initiatives and to request input.

- **Total Cost Reporting**
  - Jim shared a mockup of a report; the real reports will use negotiated allowed amounts (not charge masters)
  - Costs will be reported per capita.
  - This is the first risk-adjusted report using Milliman's MARA tool prepared by the Alliance and will offer drill-down opportunities through Milliman HCGs.
  - The team is researching suggestions from the HEC with a technical proposal slated for the November HEC meeting.
  - County and ACH-specific Tableau reports could be released in 2021, with medical group results to receive committee review in 2022.
  - These will be aggregate results, not identified by a particular payer.
- **Expanding the composite score from 4 to 5 domains (inclusion of a cost domain)**
  - The expert panel will meet in late November; anticipate update of the composite score tool in association with Community Checkup refresh in 2022.

- **Addressing social determinants of health using the Area Deprivation Index**
  - For this report, the Alliance will ask data suppliers to add ADI data fields to their enrollment files during submission cycles (i.e., data suppliers will identify each member's ADI decile (a number from 1 to 10) and include that information in their enrollment files).
  - We want to have a look at high-performing metrics to determine if there are any equity issues prior to making decisions about "topping out."
  - The Alliance will stratify Community Checkup and Health Waste Calculator results using the ADI data.
  - Timeline for initial reports/applications is 2022.

Review of QIC Survey (Sharon Eloranta)

Sharon reviewed the responses to the August survey of the QIC.

- Respondents found TCOC reporting, aligning quality measurement across payers and contracts, and reporting on SDOH using ADI to be the most valuable agenda topics.
- Respondents hoped to cover cost of care, SDOH/ADI and COVID in 2022.
- Respondents value: the opportunity to learn from and network with engaged colleagues; to influence change; and to represent their constituencies.
- Respondents would like for the QIC to continue to improve, gather and analyze data, and pursue actions for best results.
- Suggestions: issue more joint statements a la the COVID letter; involve more providers in the QIC; learn how organizations act on the Alliance reports to drive results; build bridges between stakeholders; add statewide dashboards on key metrics; and involve the QIC earlier in report development.

What's on your minds and not on the agenda?

- Matt Jaffy discussed the impact of COVID-related reduced staffing on ability to pursue quality improvement work; challenges around morale etc.
- Rick Hourigan pointed out that COVID is a disrupter –how can we take advantage of this chance to redesign the system? More telehealth? Consumers used less health care in the last year; how does the collective "we" across the country address our broken system?
- Nancy mentioned the impact of images on stereotypes and biases.
- Kavita wondered how some primary care organizations are able to provide the high-intensity services, long appointments etc. that they do. It's possible that these groups are paid PMPM by insurers/employers and take some risk (possibly global risk).
- Nancy Fisher gave updates on CMS's work – including the impact that COVID has had on revealing implicit bias; reducing silos in government – get agencies together to build trust and decrease reinvention of wheels; focus on workplace violence. Workplaces report to OSHA but there are no "teeth." Also need to reduce bullying/burnout; efforts to de-stigmatize mental health issues; regional differences in social determinants across the Western US; and issues that disproportionately affect recent immigrants.

Future meetings in 2021 are scheduled for August 12, October 14, and December 9 from 2-4 pm. We anticipate that all meetings will be held virtually.