

Quality Improvement Committee (QIC)

Thursday, March 8, 2018

Committee Members Present: Mary Anderson, *The Polyclinic (phone)*
David Buchholz, *Premera Blue Cross*
Peter Dunbar, *Foundation for Health Care Quality*
Sharon Eloranta, *CHI Franciscan Health*
Matt Handley, *Kaiser Permanente Washington*
Scott Kronlund, *Northwest Physicians Network (phone)*
Dan Lessler, *WA State Health Care Authority*
Bob Mecklenburg, *Virginia Mason Medical Center*
Randal Moseley, *Confluence Health*
Janet Piehl, *UW Medicine*
John Sobeck, *Cigna*
Jonathan Sugarman, *Qualis Health (phone)*

Committee Members Absent: Lydia Bartholomew, *Aetna*
Christopher Dale, *Swedish Health Services*
Nancy Fisher, *Region X, CMS*
Frances Gough, *Molina Health Care*
Bruce Gregg, *MultiCare Health System*
Dan Kent, *UnitedHealthcare Community Plan (Chair)*
Gary Knox, *Rockwood Clinic/MultiCare*
Peter McGough, *UW Medicine*
Terry Rogers, *retired*
Hugh Straley, *The Robert Bree Collaborative*
Lynette Wachholz, *The Everett Clinic*

Staff and Guests Present: Casey Calamusa, *Washington Health Alliance*
Susie Dade, *Washington Health Alliance*
Andrea Ramirez, *Swedish Health Services (for Chris Dale)*
Lisa Chenevert, *Aetna (by phone, for Lydia Bartholomew)*

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

In the absence of Dr. Dan Kent (chair), Susie Dade opened the meeting by welcoming all members. A quorum was not present to formally approve the minutes for December 2017. Absent a quorum (by one), QIC members endorsed proposed new QIC member Dr. Bruce Smith to replace Dr. Pat Kulpa representing Regence Blue Shield.

Patient Experience Survey Results

Susie Dade reviewed the final results from the Alliance's recent patient experience survey. Overall survey results on the five publicly reported measures were shared along with a discussion of variation across medical groups and clinics. Ms. Dade also presented the results of the "key driver analysis" noting that the following six questions from the patient experience survey account for 75% of the variation in the overall provider rating question:

- How often did your provider listen carefully to you?
- How often did your provider show respect for what you had to say?
- How often did your provider seem to know the important information about your medical history?
- How often did your provider explain things in a way that was easy to understand?
- How often did your provider spend enough time with you?
- How often did your provider seem informed and up-to-date about the care you got from specialists?

Ms. Dade also presented statewide results from the survey, including the following:

- 33% of patients said their primary care provider never talked with them about specific goals for their health
- 62% of patients said their primary care provider never asked them if there are things that make it hard for them to take care of themselves
- 30% of patients said their primary care provider never talked with them about a healthy diet and healthy eating habits
- 19% of patients said their primary care provider never talked with them about exercise or physical activity
- 11% of patients who smoke some days or every day said their primary care provider never advised them to quit.
- 42% of patients said their primary care provider never asked them whether there was a period of time when they felt sad, empty or depressed
- 29% of patients visited an ER for care they felt they needed right away
 - One in four (26%) of these patients said they did so because they could not get the care they needed from their primary care provider
- 73% of patients who needed health care services beyond their routine office visit (e.g., a treatment, procedure or prescription medicine) said that their provider or someone in their provider's office did not help them find out how much they would have to pay for it.
- 42% of patients said their primary care provider never asked them whether there was a period of time when they felt sad, empty or depressed

On this last point, QIC members wondered whether patients respond as they do because of the wording of the question given that it differs from the wording in the PHQ-2 or PHQ-9, tools often used in the primary care setting. Ms. Dade said she would try and find out how our Washington state results compare with national results on this particular question. QIC members also wondered if clinics that had implemented the IMPACT model score better on this question.

Results from the Health Waste Calculator

Susie Dade very briefly reviewed the results from the Alliance's recent report, "First, Do No Harm." Most members of the QIC had seen the results prior to publication when the draft report was reviewed with the committee. The focus of the QIC discussion was in response to Ms. Dade's question, "if we were to focus on just one or two of the 11 areas in the report for targeted intervention to reduce waste, which would the QIC advise that we focus on?" Remember, 11 of the 47 measures included in the report accounted for 93% of the low-value services in terms of utilization and 89% of the estimated spend associated with low-value. The 11 areas (ordered based on utilization from higher to lower) include:

1. Too frequent cervical cancer screening in women
2. Pre-operative baseline lab studies (prior to elective, low-risk surgery in patients without significant systemic disease)
3. Imaging for eye disease in asymptomatic patients
4. Annual EKG or cardiac screening
5. Antibiotics for upper respiratory infection or earache in first 7 days following diagnosis
6. PSA-screening in asymptomatic men
7. Population-based screening for Vitamin D deficiency
8. Imaging for low back pain during first six weeks following diagnosis
9. Pre-operative EKG, chest X-ray or pulmonary function testing (prior to elective, low-risk surgery in patients without significant systemic disease)
10. Cardiac stress testing
11. Imaging for uncomplicated headache

The QIC had a robust discussion and ultimately formed consensus around developing a focus on reducing wasteful pre-operative baseline lab, EKG, chest X-ray and PFT prior to low risk surgery (combining numbers 2 and 9 from the above list).

Variation in C-section Rates

Ms. Dade drew the QIC's attention to the Highlight on Variation in C-Section rates, published by the Washington Health Alliance. The QIC reviewed and discussed results by health service area and hospital.

The next QIC meeting will be Thursday, May 10, 2018 from 2:00 – 4:00 at the Alliance.