Welcome!

Join the conversation on today’s event using #AffordHCWA on Twitter and Instagram and tag us @WAHealthCheckup

The Road to Affordable Health Care:
Where do we go from here in Washington state?

A BIG thank you to our co-sponsors!

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<th>Arthur J. Gallagher &amp; Co.</th>
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<td>Association of Washington Cities</td>
<td>Virginia Mason</td>
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<td>Confluence Health</td>
<td>Washington Health Benefits Exchange</td>
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<td>Eastside Health Network</td>
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Today’s event is also funded in part by a grant from the Network for Regional Health Improvement (NHRI) and the Robert Wood Johnson Foundation.
Today’s attendees reflect the multi-stakeholder mix that we think is so important at the Washington Health Alliance.

We are stronger when we work together!

Thank you to the Alliance Board of Directors
Value in Health Care

We know that “value” in health care lies at the intersection of high quality (including clinical appropriateness), excellent patient experience, and affordability.

To achieve high value, we have to work on all four separately and together.

Today, our focus is on affordability.

So let’s talk about the affordability crisis...
“What are the three most important action steps necessary to address health care affordability?”

The Road to Affordable Health Care in Washington, October 31, 2018

The good news . . .

In Washington, we have a number of collaborative efforts underway to achieve higher value health care, for example:

• Healthier Washington and the Medicaid Transformation Initiative

• Accountable Communities of Health and a sharper focus on the impact of social determinants

• Professional associations (e.g., WSHA, WSMA) that lead important quality initiatives such as Honoring Choices and Partnership for Patients

• Dedicated QI organizations (e.g., FHCQ, Qualis/HealthInsight)

• Build-out of Clinical Data Repository to enhance patient info exchange

• Purchasers and health plans experimenting with value-based payment and benefit design

• Washington Health Alliance

• Bree Collaborative

• Common Measure Set on Healthcare Quality and Cost
The not so good news . . .

In Washington, as in the rest of the country, we also see evidence of:

- Higher prices that don’t reflect the underlying cost of care
- Excessive spending to capture market share that is incentivized by a FFS mentality
- Failure to acknowledge and address waste throughout the system
- Significant variation in quality, appropriateness and patient experience
- Lack of full transparency to avoid accountability for lower value
- Payment of enormous salaries and bonuses that are often tied to productivity and revenue enhancement and not value
- Insufficient attention on avoiding patient harm (physical, emotional, financial)
- Futile end-of-life care, with spending that is ~2X more in the last months of life

We all created this problem.
We all need to be a part of the solution.
Regional Health Improvement Collaboratives (RHICs)

NRHI Leading the Way on Measuring Total Cost of Care

REgional Commitment, National Impact.

Pilot RHICs

Expansion Regions

The initiative was piloted by NRHI and RHICs in five regions. Their success led to the expansion to thirteen additional regions over the course of the project.

*Phase I and II only participant
Variation Exists

Untangling the Cost Drivers

The size of the bars represents the impact of price and resource use on the total cost. As seen in the graphic, price and resource use played different roles in the variation of total cost by state.