

**Washington Health Alliance
Consumer Education Committee Meeting
January 16, 2020**

SUMMARY NOTES

Location:	In person
Committee Members in Attendance:	Gloria Brigham, <i>Washington State Nurses Association</i> Sarah Greene, <i>Health Care Systems Research Network Committee Chair</i> Andrew Radolf, <i>Retired, UNESCO</i> Tammy Wild, <i>American Cancer Society</i>
Committee Members Not in Attendance:	Michael Garrett, <i>Mercer</i> Michelle George, <i>Washington State Health Care Authority</i> Nancy Kokenge, <i>Gallagher Benefit Services</i> Milana McLead, <i>Washington State Medical Association</i> Carolyn Martin, <i>National Libraries of Medicine</i> Matt Munson, <i>King County</i> Cameron Pelly, <i>Gallagher Benefit Services</i> Shawn Quigley, <i>Proliance Surgeons</i>
Staff and Guests Participating:	Megan Aukema, <i>Aukema & Associates</i> Leslie Bennett, <i>Washington Health Alliance</i> Steve Butler, <i>University of Washington</i> Nancy Giunto, <i>Washington Health Alliance</i> Van Chaudhari, <i>University of Washington</i>

We welcomed UW Medicine’s Steve Butler, joining the CEC meeting as a guest and approved the December minutes. Steve’s had 15 years of experience messaging on health care and the issue of transformation. He’s been interested in and working to improve the delivery of care for some time, starting in health care almost 30 years ago. He connected recently with Theresa Tamura our new Director of Membership and Business Development and they thought the CEC would dovetail nicely with Steve’s interest and experience.

Nancy summarized the State of Reform Health Policy Conference she attended last week, an annual conference that happens across other states organized by DJ Wilson. The conference’s goal is to bridge the gap between health care and health policy and get leaders to focus their attention on particular aspects. It was the largest so far, with 900 attendees and close to 100 speakers. Nancy spoke about the issue of total cost of care, along with Dr. Hugh Straley, Chair of Bree Collaborative, and Dr. David Grossman, Senior Medical Director at Kaiser. They spoke in a large breakout session and ended her presentation with the large hamburger picture and “More Isn’t Always Better,” which received a positive

response and many chuckles from the audience. To drive the point home, she asked the group, “how many times do we ourselves push our providers to do more, antibiotics for a viral infection or vitamin D deficiency test?” to give people a sense of how we are all contributing to the problem.

Washington State senator David Frockt spoke about how health policy as a priority in Olympia. Some of the issues that are important, including the public option. Josh Green spoke on housing as a covered benefit and provided very compelling data on the impact on housing and health care. Tech start-ups and discussed how the complicated the medical ecosystem is and the challenges with getting investments in it.

Nancy spoke about the Alliance’s new open position, Director of Performance Improvement and Innovation, and asked CEC members to please send any possible candidates our way as we are beginning to arrange interviews. She described the person as needing to: have deep expertise in performance improvement; be savvy with data translation and practical experience; be able to take the Alliance the next step in terms of board commitments and drive the Alliance’s work to action.

In particular, an individual who has enthusiasm for the reports we have done and to be able to include new data elements in the future. We’d like to think about how our data and reporting can not only meet the needs of our state but to keep us on the national stage. So far we have six candidates and are very pleased with the applications received so far. This opening is coming about because Deputy Director Susie Dade is starting a new chapter. Susie has done a lot of remarkable things for the Alliance and will always have a home here. Just want to clarify that this is not a replacement for Susie, we were able to do some rearranging of responsibilities, with the addition of Theresa Tamura and juggling assignments. This is a new opportunity.

Moving on to the discussion of the More Isn’t Always Better campaign posters, it was raised that we may want to think about distribution because it won’t be useful if we produce materials if they don’t get used. One option is to talk to CEC members, particularly those working with different health systems and whether they are taking on this issue.

Nancy suggested reaching out to a select number of our board of directors to ask if they could give some feedback about whether this is a direction that would be useful, perhaps ask for their feedback before it’s too fully baked, because we don’t want to go too far down the road only to be told it won’t be used. We discussed getting some real consumer feedback and that it would be helpful to do on the questions of whether the images are attractive or gross, while one may be funny as part of broader campaign, we might want to think about giving people something, they want to look at like cute kids and dogs.

We discussed the food pictures, that they are really giving a confusing message because it’s not really clear that we’re talking about health care. It could be about eating, because a lot of hot dogs or pancakes or spaghetti is really not the point of the campaign and the food choices are not the healthiest ones. Carolyn Martin submitted written comments on the images that were shared with the group:

- 1.) For the images with people just to be more mindful of being more inclusive/diverse

- 2.) In the hotdog/mustard image, I prefer the first one with the bolded message but I also like the second one
- 3.) In the file that has the washing machine and dog I prefer those two images (the message isn't quite so clear with the images of the pancakes and the beach toys)
- 4.) The snow covered car (last one with the person brushing the snow) I like better because there is more a sense of too much snow than the other images but it might be harder to make out what it is. It also looks like it is still snowing which emphasizes the message.

Several members commented on the images, with many favoring the car in the snow picture. We also discussed the wording of the text. Most people liked the text blocks "More Isn't Always Better" and the list questions, but we could change the 2nd line. Some members thought the phrase "It's Your Health, It's Your Choice," would suggest that it appears to be saying that they can choose about all of the care they get and when it comes to preventive care or certain screenings, we don't want them to skip, the message is confusing. We agreed that the action we want consumers to take is to be informed about their care, something more like "Especially when it comes to your health care."

We discussed whether there is support for all of the questions or if we should change them We discussed whether we should include something like "What would you recommend?" but did not agree that was the right question. What we're really trying to do is encourage consumers to seek out more information about which tests and procedures may be unnecessary for them. We discussed that Own Your Health is a resource for our educational resources and whether we want to build out a section on waste that would give people practical advice, given the particular types of care.

We discussed whether the QR code included on the poster should refer to the waste report or the Own Your Health website and it was agreed that the report would not be useful, the website would provide a great opportunity to get more traffic and exposure for the site. In order to do that, though, we'll need to add more resources. We also discussed an idea of building an app that focuses on health care waste, using the findings of the report and making it possible for people to download an app that gives them guidance and support, similar to "When to say whoa." Doesn't need to be particularly complicated, just walk them through a list questions.

We also discussed the reality that fee-for-service is the way many providers get paid, so most doctors may not appreciate a poster in the exam room telling patients that they don't need to have a particular test or treatment they are recommending. While we'd like to believe that providers have their patients' best interests in mind, the truth is that we have seen that a lot of what is recommended is not evidence-based.

We considered including the question "What is the evidence for this test?" in our short list. We also discussed having a landing page with key messages and links that would enable patients to look at specific test, we could provide clinical evidence, discuss necessary vs. unnecessary, have things in plain language, we could include the posters, have social media links that lead directly to the guidance. Another possibility is a clinical evidence tree. For example, provide information on why antibiotics don't work on viruses, a poster can only do so much, we need to think about a bigger campaign. We have

produced effective one-pagers on things like antibiotics and viruses before. Perhaps we could produce a one pager on each of the big waste areas to develop them more fully.

In terms of the waste posters, the laundry and the snow seem to be the group's favorites. It would be a good idea for all of the CEC members to think about how we're going to distribute these. It was raised, for example, that some organizations have their own brand standards so they would probably not be interested in anything that doesn't have their brand on it, though we could offer co-branding or provide the template for them to adapt as they see fit.

We certainly should be reaching out to allies about whether there would be support for such an initiative. Are there other places where they could be posted away from doctor offices? Some options include community centers, staff rooms, senior centers, etc., We discussed that developing the poster or whatever else could include a social media campaign and other components and that could be refined over time.

At the close of our meeting, Sarah mentioned that we are cancelling our February meeting and will meet next in person on March 19th at 10 am.

Next Steps/To Dos

Leslie will send several poster options to ask for feedback on content and to request an informal survey from CEC members on whether the message is clear and any suggested changes.