

**Washington Health Alliance  
Consumer Education Committee Meeting  
May 19, 2022**

**SUMMARY NOTES**

**Location:** Remote

**Committee Members in Attendance:** Van Chaudhari, *University of Washington, Committee Chair*  
Sondra Earley, *Earley Insurance Solutions*  
Sarah Greene, *Strategy Consultant and Advisor*  
Matt Munson, *King County*

**Committee Members Not in Attendance:** Gloria Brigham, *Washington State Nurses Association*  
Michelle George, *Washington State Health Care Authority*  
Nancy Kokenge, *Gallagher Benefit Services*  
Andrew Radolf, *Retired, UNESCO*  
Sherry Reynolds, *Center 4 Health Innovation*  
Matt Munson, *King County*  
Dayna Weatherly, *Proliance Surgeons*

**Guests/Staff:** Megan Aukema, *Aukema and Associates*  
Teresa Battels, *Washington Health Alliance*  
Leslie Bennett, *Washington Health Alliance*  
Sharon Eloranta, *Washington Health Alliance*  
Denise Giambalvo, *Washington Health Alliance*  
Nancy Giunto, *Washington Health Alliance*  
Mike Jacobus, *Bayer Pharmaceutical*

Minutes were approved with no changes. We started the meeting with a video, chronicling Michelle Simmons' story and her efforts to address health care disparities in West Baltimore. The video received positive response and suggestions were made about how the Alliance could support efforts to increase health education and awareness across the state, perhaps by partnering with other organizations who do community outreach.

We updated the committee on our Diversity, Equity, and Inclusion Initiative event scheduled for June 25, 2022, the day before the Seattle Pride parade at the SIFF Egyptian Theater. The event includes excerpts of the documentary *Between the Shades* documentary with panel discussions led by Mercer Principal Michael Garrett. Panelists include Brian Armbrust, Sound Thinking Specialist for Sound Health, Tom Parsons, therapist and founder of Optimism Counseling and Patrick Raue, Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington.

We reviewed the information that Michael Garrett provided regarding resources for the LGBTQ community and solicited responses for how to use them. Suggestions included making the resources available to attendees of the event on June 25<sup>th</sup> using a QR code and using it during the event, making it available on the Alliance website, sharing it with the Alliance's Quality Improvement Committee, provide the employer-specific responses to those groups and making it available to LGBTQ organizations.

We discussed ways for the CEC to support the event including: attending in-person, spreading the word within the organization and to the general public, the full documentary link will be made available for two weeks to attendees, distributing the video that will be produced after the event, and sponsorship (\$2,000).

Next, we had the opportunity to discuss opportunities for future Alliance DEI events. Ideas included:

- viewing Own Your Health with a DEI lens and LGBTQ priorities, such as incorporating the DEI Resource List
- thinking about what you want people to think, say, and do after the event
- considering post-event outreach to attendees and/or organizations to explore collaboration opportunities
- viewing the event as a beginning, rather than a single event
- support for collaborative opportunities

We had an update on the Alliance's work with the Washington State Department of Health and its efforts to reduce high blood pressure in Washington state. The Alliance is contracted to survey employers and the provision of at-home blood pressure monitors to assist patients in controlling their high blood pressure and reducing the rate of cardiovascular events and deaths. The Alliance will produce an Issue Brief with survey results and recommendations.

The Alliance surveyed employers on their awareness of the importance of high blood pressure monitors, the prevalence of monitors provided as a benefit to members, whether they are provided at no-cost, with a co-pay, pre-deductible, coverage limitations on cost, and whether costs associated with training for patients by physicians and other health care professionals. The respondents included:

- Association of Washington Cities Employee Benefits Trust
- Bloodworks Northwest
- Bill & Melinda Gates Foundation
- City of Seattle
- Davis Wright Tremaine
- King County
- Northwest Carpenters Trust
- Point B
- SEIU 775 Healthcare NW Health Benefits Trust
- Washington Health Benefit Exchange
- Washington State University
- Washington Teamsters Welfare Trust

For takeaways:

We had broad representation, with 72% comprising government, labor and union trusts, nonprofits, and philanthropies, covering more than 430,000 lives

- Three-quarters offer the benefit in their PPO plans, two-thirds in the HMO plan
- 50% didn't know what percentage of their population is diagnosed with hypertension
- 44% don't require pre-authorization to access the benefit

- One-third make it available to all members, the rest require a diagnosis of medical necessity, cardiovascular disease, hypertension or an in-office blood pressure reading of 130/80 or higher
- Three-quarters make monitors available through a prescription either through a pharmacy or as durable medical equipment
- Two-thirds require no co-payment
- 89% do not have a maximum amount for the cost of a monitor
- Nearly three-quarters reported provided no blood pressure –focused education or initiative in the last 2 years
- Some offer incentives, health assessments, and educational newsletters to improve member health, but some reported that hypertension is an area that should be prioritized.

We discussed the opportunities to support DOH’s efforts to reduce high blood pressure once the Issue Brief is completed.

We reviewed the Alliance’s other DOH project, which is assessing the availability of tobacco cessation programs in health insurance benefits available to Washington residents. We surveyed health plans covering approximately 3.7 million lives on individual, small group, large group, self-insured plans for tobacco cessation benefits that are covered at no cost and those that require pre-authorization. The survey is currently being conducted.

Suggestions were made that once the Issue Briefs are completed, that the CEC work towards promoting them. In addition, we could check in with Alliance members on the topics, have CEC members find out whether the benefits are covered, and include an article in the Alliance’s Member Updates on the subjects.

We discussed how we can utilize existing resources to support Own Your Health. We reviewed:

- Own Your Health, a website sponsored by the Alliance that provides consumer-friendly guidance to support people making informed health care decisions
- Data Supplier Reports, a report provided to all of the data suppliers with population-specific results relating to Community Checkup results and the most common low performers (ADHD generic prescriptions, adolescent well-care, colon cancer screening, cervical cancer screening, chlamydia screenings, eye exams for people with diabetes, opioid prescriptions, postpartum care, well child visits, <15 months and 3-6 years-old, measures that are <25<sup>th</sup> percentile for HEDIS benchmarks
- Community Checkup resources under “Topics,” (asthma & COPD, behavioral health, cardiovascular disease, diabetes, low back pain, respiratory conditions, access to care, managing medications, pediatrics, potentially avoidable care, preventive care, vaccinations, pregnancy, and surgery) that include links to Community Checkup results.
- Community Checkup zip code search capability

There were questions about how well the Own Your Health website is being utilized by consumers before we put more resources into it. One option is to focus OYH to support Alliance members, purchasers, employers, and data suppliers to improve performance. We are limited in terms of the tool because we don’t include insurance network configurations, preferred providers, or individual physician results.

We also discussed how there are some limitations on services being provided to patients by physicians and other health care professionals based on age and some very basic measures that continue to underperform, such as eye exams for people with diabetes. Other ideas include distributing social media toolkits to support building out posts. We are planning to distribute a social media toolkit for the DEI event that will be provided to all CEC members.

The issue was raised that there is little consistency among providers on prioritizing measures and a lot of competing priorities. It may be helpful to increase collaboration to make progress on one or two high priorities. There is interest in the members of the Quality Improvement Committee in selecting a measure to prioritize and those measures that should be retired. There is hope moving forward that the CEC can be integrated with the Alliance's other committees and organizational priorities.

We reviewed changes to the Washington Health Alliance's Community Checkup page. The suggestion was made to include a "Coming Soon" feature on the home page and that. The CEC's language recommendations for the Alliance webpage is also in process.