Washington Health Alliance
Consumer Education Committee Meeting
July 15, 2021

SUMMARY NOTES

Location:	Remote
Committee Members in Attendance:	Sondra Earley, *Earley Insurance Solutions* Van Chaudhari, *University of Washington* Michelle George, *Washington State Health Care Authority* Sarah Greene, *Strategy Consultant and Advisor, Committee Chair* Carolyn Martin, *National Libraries of Medicine* Milana McLead, *Washington State Medical Association* Matt Munson, *King County* Sherry Reynolds, *Center 4 Health Innovation* Andrew Radolf, *Retired, UNESCO* Dayna Weatherly, *Proliance Surgeons*
Committee Members Not in Attendance:	Gloria Brigham, *Washington State Nurses Association* Michael Garrett, *Mercer* Nancy Kokenge, *Gallagher Benefit Services*
Guests/Staff:	Cynthia Peterson, *Aukema and Associates* Leslie Bennett, *Washington Health Alliance* Nancy Giunto, *Washington Health Alliance* Karen Johnson, *Washington Health Alliance* Theresa Tamura, *Washington Health Alliance*

Sarah welcomed members and asked for any changes or additions to the minutes from the June 17th meeting, none were offered and the minutes were accepted. The agenda was also reviewed.

Theresa Tamura reviewed the Building Trust initiative through ABIM Foundation. The Alliance was chosen as an exemplar with its work with the Quality Improvement Committee and unblinding the results of the low-value care results as part of the *First, Do No Harm* report.

We have been invited to join the Building Trust Learning Network that brings together clinicians, community health educators, quality improvement professionals, and representatives from payers and employers to actively discuss and learn about enhancing trust in the delivery of health care across the country. The Learning Network serves as the hub of a dynamic community committed to understanding key issues, learning from one another, and working to influence progress in communities nationwide.

There are live trust conversations, webinars, research, a virtual shared space for online discussion and independent learning, a Patient Advisory Committee, a distinguished group of patient advocates assembled to advise on how best to continue educating and engaging patients, caregivers and others about trust in healthcare. While mostly provider-focused, the website contains many examples of trust.

One example is the Parkland Health and Hospital System which identified and promoted existing practices that foster trust in healthcare practice. The Parkland System did this by sending out a request for their partners to share their practices using these questions:

- Describe how you or your team's practice is building trust.
- How did this practice come to be?
- What makes you believe this practice is building trust?
- If there is any evidence (quantitative and/or qualitative) the practice changes trust, please provide it.
- What phase is your practice of building trust in?

There are 4 Cs of Trust:

Competency-The practice/organization and the individuals who work within it provide evidence-based services effectively, reliably, and consistently, delivering on what they promise.

Caring-The organization's efforts demonstrate compassion and empathy and show that it "cares about me."

Communication-The organization's communication shows respect and understanding of those it serves.

Comfort-The organization makes its constituents feel safe, treats them fairly and equitably, particularly historically marginalized communities, and provides a sense of belonging.

The Alliance added "collaboration" to this list, in that the organization's actions demonstrate an understanding that health care is complex and systematic improvements are often beyond the scope and influence of individual organizations. Working with other stakeholders, some of which may be competitors, is necessary to achieve meaningful improvement that benefits all.

There are several different categories of trust: communications/knowing your patient; conversations/support; leadership; misinformation; patient-centered design; transparency; and value/affordability.

The Alliance is contemplating if there are ways to support trust in this work and what it would look like, everything from promoting the recognition we received to holding our own trust challenge. The question is whether the Alliance should pursue any further activity with the ABIM Foundation's Trust Challenge. We have an opportunity to leverage the work that ABIM Foundation already has done. They are interested in offering resources and support. That is part of the opportunity here.

Has the audience been identified? It seems that everyone is welcome to participate. The audience for the Alliance is anyone we would like. They are not dictating any particular audience. We have discussed this with the Quality Improvement Committee and will discuss it with the Purchaser Affinity Group.

Is cultural humility and the role it plays in trust a consideration? It would likely be very broad. We have purchasers, plans, consultants, pharma, and other kinds of members. Part of the question is why we would do that and what the value. There are many examples of exemplars that currently exist, the question is whether there is a role for the Alliance and its members with this opportunity.

It would seem that it would be helpful to start with providers. Making it open to everyone may make it too big. Starting with providers might be a good way to start and then it could be expanded over time. There is a trust issue right now with vaccinations. With providers and government agencies, pharmacies,

insurance companies, it may be challenging to keep it under control with the current resources. We likely wouldn't do anything with the results, other than just making it visible. It would be an opportunity for people to share what they are doing. The real issue is the provider/patient relationship.

How is health equity being included and health care for all? How is the community being measured? Building trust is heavily influenced by sharing with consumer group. Providers are perhaps the first phase of focus, but also worth considering is how it's shared with the team. In sum, information sharing, equity and team focus are three topics worth thinking about.

We turned to the Board Opioid Impact Project educational materials focusing on adolescent dental procedures and reducing opioid prescribing, a 2-sided document, directed to patients on one side and parents on the other.

We considered whether we should consider the recent news from Tennessee where adolescents were given materials regarding vaccines. The timing for distribution for this would be during the dentist appointment when the oral surgery is recommended. The purchasers talked a lot about that being a good opportunity for intervention and there is room for improvement particularly regarding adolescents and dental surgery.

The hope is that by taking advantage of this opportunity, we can reduce the likelihood of chronic opioid use.

We discussed changes to the proposed document:

- Reducing bullet points would be helpful.
- Long-term use or substance abuse questions aren't necessary, since this is targeted at the moment of oral surgery.
- Remove all bullets regarding dependence and substance abuse.
- Remove reference to opioid abuse change to pain management.

Quite often, they remove all four wisdom teeth, what if they did one at a time or one side at a time, is that feasible? There are cost and recovery issues. Research indicates that prescribing for adults has been reduced in line with evidence-based recommendations, but for adolescents, that hasn't happened.

We've been working with Better Prescribing Better Treatment and WSMA to help connect providers that are outliers with current recommendations. We discussed whether the guidance to talk to adolescents about opioid use is misplaced and might be better to refer to pain management and medication. We discussed the important role that care providers play in managing expectations and letting patients know that pain is to be expected. Some providers are better at that than others. Telling patients that there will be pain results in fewer opioids being taken, even if they are prescribed.

We reviewed the patient guidance. It was recommended to reduce the grade level if possible. There is too much of a focus on opioids, but the patient's goal is to make it through the procedure. The focus would be better if it's less about the opioids and more about providing guidance to help the patient understand what they can expect. There was general agreement that this should be more of a how to manage recovering after the dental procedure.