

**Washington Health Alliance
Consumer Education Committee Meeting
September 16, 2021**

SUMMARY NOTES

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

We welcomed members We started with an appreciation of the work of Sarah Greene who has acted as the CEC chair since 2009. Nancy Giunto, Megan Aukema, Karen Johnson, and Michelle George offered their comments. New chair Van Chaudhari introduced herself, Administrator for Value Based Care Operations, previously Population Health Management, at UW Medicine and also serves as faculty at the UW's Population Health and Health Systems. Changes or additions to the minutes from the July meeting, were requested, none were offered and the minutes were accepted. We briefly reviewed the agenda.

We reviewed the CEC Charter, its focus, purpose, and functions and reviewed the roles of the Alliance's committees to its work, including the Quality Improvement Committee, Health Economics Committee, and the Purchaser Affinity Group (PAG). We looked at how the board and committees were intimately involved in creating the *First, Do No Harm* report.

Karen described the role of the PAG. It's the only committee of the Alliance whose meetings are closed, as a way to provide a confidential place for purchasers to protect that forum to address the challenges they face in the market. There is a special relationship between the PAG and the CEC, given that more

than 50% of people get their health insurance through employers, those purchasers are a way to connect with consumers. They have viewed the information that comes through the CEC as being very valuable. We're always in conversation with that group and recently, the PAG participated in the extensive eValue8 RFI process, measuring health plan quality. The participants used that opportunity to crystallize the purchaser's priorities, including:

- health equity and social determinants of health;
- team-based primary care, integrated behavioral health, telehealth;
- managing medication costs (medical & retail);
- transparency of price & cost; and
- evidence-based coverage.

We reviewed the Alliance's annual plan. For "Drive market action through performance measurement and convening," the plan includes:

- publishing statewide reports on health care quality, utilization, and cost that drive market change (we published Community Checkup and eValue8 and are working on Total Cost of Care);
- increasing the use of alliance products and services;
- supporting the statewide reduction of opioids prescribed for acute low back pain and acute dental pain (the CEC participated in opioid guidance for dental pain); and
- accelerating adoption of value-based purchasing strategies (Framework for Action webinar series)

For "Improve health equity across Washington state":

- incorporating equity and inclusion in all aspects of the Alliance's work (currently working on using the Area Deprivation Index for the next Community Checkup to address social determinants of health).

The idea of shared decision making and low-back pain was raised to support the PAG's work.

Van reviewed the Alliance's commitment to diversity and inclusion.

The Washington Health Alliance is committed to becoming an inclusive and anti-racist organization. We pledge to create an environment where all employees and members, regardless of skin color, culture, ethnic origin, gender, sexual orientation, ability, or age, feel valued and have opportunities for growth. We commit to identify, discuss, expose and challenge inequities, including structural racism, in healthcare systems across Washington.

In keeping with the Alliance's diversity commitment, we are creating a collection of diversity, equity, and inclusion resources that will be made available on the website. Van thanked those who have made suggestions and asked people for their input on the draft list. A suggestion was made to email the list to the group. In addition, we discussed ways to use the list to create specific areas or buckets that might help people to take action. We discussed some options for creating sub-sections for the list. A suggestion was made to categorize them into the different stakeholder groups by purchasers, providers, plans, and perhaps consumers could be broader education.

We took an opportunity for members to provide feedback. There was a suggestion for the chairs of the various committees to meet and have an opportunity to cross-pollinate. In addition, we discussed whether it might be appropriate for a committee chair or members to attend other committee meetings. Another idea was to circulate the reports that go to the board, describing each committee's work, as a way for the committees to be informed.

We discussed our new meeting schedule, meeting on a bi-monthly basis going forward and closed with a reminder to complete the CEC survey.