

Health Economics Committee Meeting December 11, 2014

SUMMARY NOTES

Chair Larry McNutt welcomed three new committee members:

1. Robert Herr, MD; consumer representative
2. Zak Ramadan-Jradi, MD; Executive Director, Clinically Integrated Network & ACO Operations (replacing Christopher Kodama, MD)
3. Tom Martin; Senior VP/CIO, EvergreenHealth

Alliance Deputy Director Susie Dade led the committee in a preview of the public report on procedure use variation. Emily Inlow-Hood, the Alliance's Marketing Communications Manager, presented an overview of the results and key messages in the report. HEC members were asked to identify any major messaging flaws in the sections of the report leading up to the results exhibits. Prior to the meeting, a subcommittee of members from both the HEC and the Quality Improvement Committee had vetted the report in detail; therefore, members treated the report's design, format, and content as largely fixed at this stage, focusing instead on messaging nuances.

*Also on December 11, some hours after the HEC met, the same task was put before the QIC at their monthly committee meeting. **The notes below represent the combined input from both HEC and QIC members.***

Messaging input (consider adding and/or emphasizing items in italics):

- Where you live can affect the health care you receive.
- *Procedure use rate variation is an established concept (e.g., Dr. John Wennberg, Small Area Analysis, Dartmouth Atlas) – but this data is new to show variation in our market*
- *Overuse means that people are receiving more medical care than is necessary.*
- Overuse is a significant problem in the health care system and undermines high value health care. It is a problem for patients and purchasers.
- Overuse introduces avoidable costs, clinical risks *including the potential for harm.*
- Not all variation is overuse. *But variation that cannot be explained by differences in patient health or patient preference points to overuse.*
- *Clear standards of appropriateness do not always exist.*
- Physician specialty, training, and experience may influence screening, diagnostic, and treatment choices.
- *Economic incentives also shape choices.*

Input on providers' role in mitigating overuse:

- Encourage patients to ask questions.
- Help patients to know what questions to ask.
- Provide objective information about the choices, including the risks and advantages.
- Provide video and written decision aides when available.
- Help patients identify other sources of information.

- Help patients to make sure their choices align with their life goals.

Input on consumers' role:

- Engage: ask questions and listen.
- What are the options?
- What are the advantages and disadvantages of each?
- Understand the risks in objective terms if possible. Ask: How likely are complications, etc.
- Is “watchful waiting” a safe option?
- How much does each option cost?
- Seek information from more than one source.
- Make sure that the choice you are making is congruent with your life goals.