Reducing Health Care Costs:

Examining How Transparency Can Lower Spending and Empower Patients

Testimony of Nancy A. Giunto
Senate Committee on Health Education Labor and Pensions
September 18, 2018

Committee Chairman Alexander, Ranking Member Murray and Members of the Health, Education, Labor and Pensions Committee, I very much appreciate the opportunity to testify on the topic, "Reducing Health Care Costs: Examining How Transparency Can Lower Spending and Empower Patients."

Introduction

My organization, the Washington Health Alliance, or the Alliance for short, is a place where for the last thirteen years, stakeholders have come together to work collaboratively to transform Washington State's health care system for the better. The Alliance brings together organizations that share a common commitment to drive change in our health care system by offering a forum for critical conversation and aligned efforts by key stakeholders: purchasers (i.e. employers and union trusts), providers, health plans, consumers and other health care partners. 185 member organizations from across our state belong to and power the work of the Washington Health Alliance.

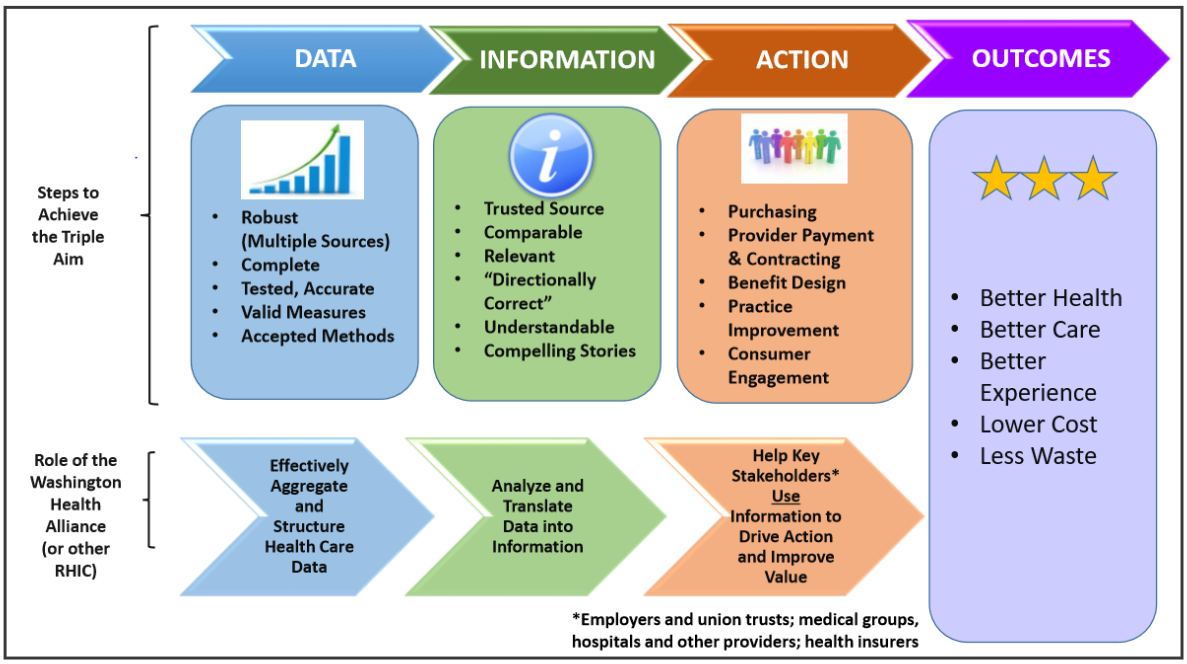
The Alliance Board of Directors is comprised of 24 very senior health care and business leaders from across our state (Appendix A). This level of leadership is essential to leverage initiatives and to implement them.

The Washington Health Alliance has two core competencies. First, we are a trusted convener for stakeholders, promoting a collective conversation to transform health care delivery and financing. Our second core competency is data aggregation for the purpose of performance measurement and public reporting.

Much of the data for our work on public reporting and measurement comes from a *voluntary* All Payer Claims Database – or APCD – that the Washington Health Alliance started in 2007 and continues to maintain today. The Alliance's APCD is supported by 35 data submitters, including commercial and Medicaid insurers in our state plus self-funded ERISA employers. As you are aware, ERISA preempts any state law requiring self-insured employers to submit health care claims data to a state-mandated APCD. Our voluntary APCD contains 550,000 ERISA lives and information on a total of 4 million Washingtonians.

Transforming Data to Action Requires Multi-Stakeholder Engagement and a Commitment to Value-Based Purchasing

Accurate data that is transparent to all key stakeholders is essential, but insufficient to drive improvement and better value in health care. Data alone does not change behavior; it also takes trust, dialogue and communication from respected leaders. All stakeholders must be actively engaged in the effort to prompt action as shown on the diagram on page 3. This starts by turning data into understandable information, which requires translating technical information for multiple audiences through the use of compelling stories. Information that is well understood by all key parties can then be used to promote engagement, target specific areas and tools for action, and ultimately produce outcomes such as better health, lower cost and less waste for patients.



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Engaging each stakeholder group requires answering two key questions, "how do we hold one another accountable for our collective commitments?" and, "what's in it for me?"

Health care is an industry characterized by many silos with too few aligned financial incentives. There is not enough interaction or alignment between those paying for care (purchasers), those receiving care, and those providing the care. Each stakeholder group must be invested and have a collective commitment to move transparent data to action to improve health care for individuals in our communities.

Managing stakeholder accountability requires a careful balance – creating a vision for collaboration while also bringing tension to bear so all organizations stay at the table to accomplish goals that support patients. It is extremely challenging (and some would say impossible) for an individual patient to effectively navigate the health care system alone. They need the synergy and mutual accountability amongst and between all health care stakeholders to create a system of care that works for their benefit.

The balancing act to drive mutual accountability among diverse stakeholders demands effective relationships, candor, trust and tenacity. It requires a clear understanding and an ability to demonstrate how involvement in the collective benefits each individual stakeholder group and ultimately benefits the patient. And finally, it requires a neutral, objective and third-party facilitator that has a "table" big enough to include all and a reputation that engenders trust when discussions are strained. This is the role of the Washington Health Alliance and other organizations like us.

Here are a few concrete examples of the critical role each key stakeholder group needs to play in order to achieve the desired outcomes of improved health, reduced cost and less waste for patients.

Providers: A frequent axiom in health care (and other industries) is that you cannot improve what you don't measure. To date, health care improvement has centered primarily on measuring quality, patient experience, and to a lesser extent, cost. Providers (i.e. physicians and other clinicians, hospitals, etc.) are at the epicenter of much of these efforts and are affected by the results of measurement through both incentives and penalties. Since they have tremendous impact on results, their buy-in is instrumental to progress. In other words, to create an *action-focused* data base, providers who are reported on must have a genuine and active role in creating the methods used to produce results. For example, providers must agree to an attribution policy so patients they have cared for are correctly assigned to them. In addition, providers must have the opportunity to validate results and to have a say in the way evidence-based clinical measures are included in a report. Action will only happen if providers are an integral part of the process and when they generally support the evidence-based conclusions and rankings that are drawn. By participating in this process, they are ensuring that the information the public sees is a reasonably accurate reflection of the quality of care they provide. We know from experience that they don't always like what they see, but they will accept the results and move forward to drive improvement IF they have been a part of the process. We are so fortunate in Washington to have providers who

are willing to stand up and be counted, to be publicly ranked on the care that they deliver, and to look for opportunities to learn from the results and improve practice.

Purchasers: Employers and union trusts can have tremendous leverage in driving better value in health care for their employees, particularly if they *use* their buying power and collaborate with other purchasers on ways to buy health benefits for value *together.* Purchasers write big checks for health care and they should expect more of providers, pushing them to adopt best practice protocols and prompting them to improve performance if they are below the state average or the results of competitors. Purchasers should press health plans to develop products that include measures of value and, once developed, they should actually buy them. In the end, the purchaser benefits by having more productive, healthier employees and lower health care expenses overall.

The Washington Health Care Authority is the largest health care purchaser in our state, covering state employees and the Medicaid insured population, and accounting for 25% of the total spend. We benefit tremendously from the example they set by leading the way in purchasing for value through accountable care programs and procedure-based bundled payments (knee and hip replacements, spine surgery) that are already in place, and through rural health care payment initiatives under development. The Boeing Company, also a very large purchaser in our state, is leading by example as well, by also purchasing for value through accountable care programs and implementing innovative tools to encourage consumer engagement in smart health care choices.

Insurers: Health plan leaders need to continue to advocate for value-based purchasing through active engagement with purchasers and through physician contracting that embeds elements of value directly in payment terms. Transparency of information is dependent on the commitment of health plan leaders to engage and trust others with their data. Washington health plan leaders have trusted the Washington Health Alliance with claims-level quality data since 2007. In addition, most commercial plans have also entrusted us with

"billed, paid, and allowed" charge information at the claims line level on a voluntary basis beginning in 2017. These leaders understand that transparency is paramount to building trust with purchasers and to aligning efforts to transform health care for the patients we all serve.

Specific examples in Washington State of moving data to action

The Washington Health Alliance produces several reports each year that address the persisting obstacles to the best care and patient experience. Our members and stakeholders use these reports to make impactful changes, as described below in several examples.

- *King County*, the largest county in the state of Washington and a founding member of the Washington Health Alliance, employs 14,000 individuals in professional, technical and service positions. County leaders regularly invite Alliance staff to their joint labor management insurance committee to engage in conversations about the *Community Checkup* and other Alliance reports about the quality of health care in Washington State. King County is actively designing health benefit plans and employee engagement programs that help guide employees in making thoughtful choices about health and healthcare options. They utilize Alliance materials extensively in the creation of these employee engagement programs.

- *SEIU 775 Benefits Group* provides health care benefits for approximately 18,000 home health caregivers. They are addressing the issue of behavioral health risks in the caregivers they support by partnering with Kaiser Permanente Washington (a primary insurer for the SEIU 775 members) as well as other community organizations to offer a range of behavioral health services including: a mobile coaching app, video chat services to Kaiser Permanente members needing behavioral health services, depression and anxiety screening, and in-person and on-line mindfulness classes. This effort grew, in

part, from conversations at the Alliance's Purchaser Affinity Group about ways purchasers can engage more deeply in employee behavioral health issues.

- The Washington Health Alliance's "First, Do No Harm" report, released in February 2018, received national attention for its ground-breaking work on overuse and waste in health care.[1] In this report, we identified an estimated $282 million in unnecessary services in one year in our state exploring only 47 such services initially. We used the Health Waste Calculator developed by Milliman to perform this analysis on 2.4 million commercially-insured lives in our voluntary APCD.

  The Boeing Company, a strong supporter of the Alliance and a data submitter, retained us to use the health waste calculator to analyze their data and identify unnecessary services in their Accountable Care Organizations. Activities are now underway to improve processes of care and eliminate waste based on our work together.

  The Alliance is taking further action with this report by working with our state-wide Choosing Wisely Task Force, comprised of physician leaders as well as representatives from the Washington State Hospital Association and the Washington State Medical Association. This group is working on an initiative called "Drop the Pre-op!" (Appendix B) in which we are seeking physician engagement to eliminate routine preoperative lab studies, pulmonary function tests, chest X-rays and EKGs on healthy people before low-risk surgical procedures. We conservatively estimate the cost of this unnecessary care to be approximately $92 million a year.

- The *Everett Clinic*, a nationally known and progressive delivery system located north of Seattle, used the Alliance's Hospital Value Report to have a conversation with its major referring hospital to understand why the hospital was performing below average in some areas and how they could work collaboratively to improve.[2] The Hospital Value report looks at the three key elements of value: quality, patient experience and price, and

combines these factors to view performance variation of hospitals in Washington. Importantly, the results refute the common belief that higher prices always correlate with better care and improved outcomes for patients.

- The Alliance was instrumental in leading the work in Washington to develop a statewide *Common Measure Set on Healthcare Quality and Cost*, with the starter measure set agreed upon in late 2014.[3] The Washington Health Alliance has reported results on its Community Checkup website for all measures and all units of analysis since 2015.[4] To date, Washington is one of only a handful of states nationwide to accomplish agreement on a common measure set and we receive inquiries on a regular basis about our strategies and processes. Numerous purchasers and health plans use a subset of these measures as the basis for monitoring and paying for health care quality in their contracts. Providers incorporate measures and results into quality improvement efforts.

Fortunately, the Alliance is not alone in its efforts as a regional health improvement collaborative (RHIC). The Network for Regional Health Improvement (NRHI) represents more than 30 RHICs and state-affiliated partners (including the Washington Health Alliance), all working toward the common goals of better health, better care, and lower costs. NRHI members are hard at work in 32 states, including 14 states represented by senators on this committee. Although each NRHI member does things a little differently due to differences in demographics, market forces, skills and expertise, we are all deeply committed to the fact that the health care system is broken, that a multi-stakeholder approach is essential to affecting change, and that solutions must be data-driven.

Examples of moving data to action from other states and NRHI members

- Under *NRHI's leadership*, five RHICs from Colorado, Maine, Missouri, Minnesota and Oregon standardized measurement and reporting of the total cost of care to understand relative differences in the underlying drivers of cost. Bringing states with

higher than average costs down to the average of the participating states could potentially save over $1 billion annually. This report is being used by legislators, state agencies, employers, providers and payers to develop strategies to reduce overall costs.

- The *Kentuckiana Health Collaborative (KHC)* worked on an initiative to improve health while minimizing administrative burden. The Kentucky Core Healthcare Measures Set (KCHMS) was developed by over 70 experts from 40 organizations to align payers and purchasers around a shared set of priority measures that drive improved health, quality of care and value, and reduce administrative complexity and waste. Kentucky's new set contains 32 measures, less than half of the 89 currently incented measures.

- *Maryland Health Care Commission (MHCC)* created a "Wear the Cost" campaign. A campaign website was launched to empower consumers to get involved in their own health care, with numerous ways to take action. The campaign provides cost and quality information for consumers and providers to raise awareness of variation among hospitals statewide, helping patients make high-value choices to reduce overall costs. Additionally, consumers can sign an appeal asking doctors, hospitals, and insurance companies to work together to make costs public and provide high-quality care. Consumers also can order a *Wear the Cost* t-shirt to build awareness in their community.

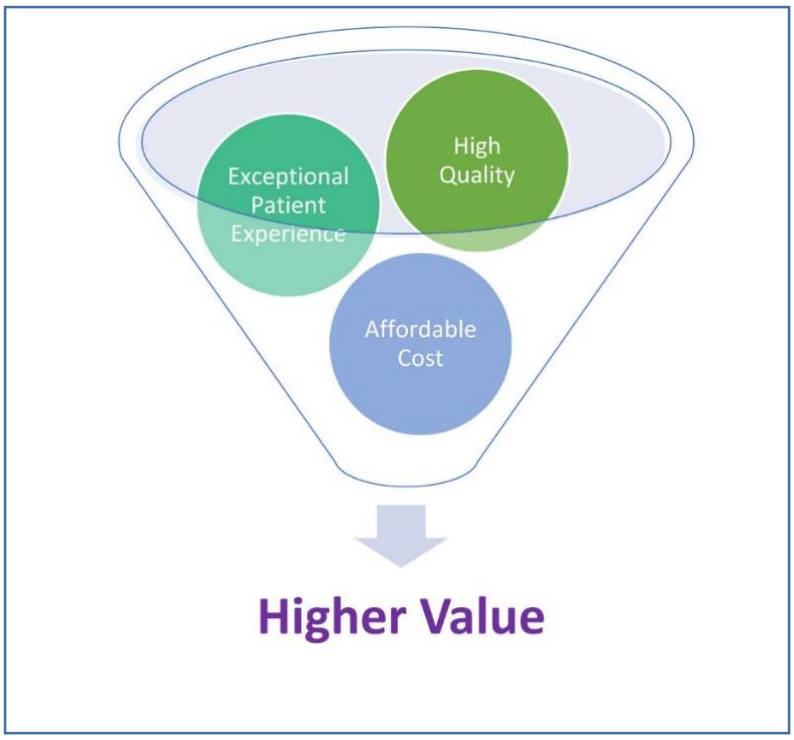
- *Integrated Healthcare Association (IHA)* created the *California Regional Health Care Cost & Quality Atlas*. This atlas is a state-wide publicly available improvement measurement tool that reports on over 29 million insured Californians providing a roadmap for reducing cost and quality variation. Regional and insurance product line information shows where quality and cost are trending in the right direction and where there is room for more improvement in specific areas within the state.

- *The Health Collaborative in Cincinnati, Ohio* works with over 560 physician's groups across the state of Ohio to aggregate payer data and measure performance in one of the largest payment demonstration models in the country. The outcome of this effort has created significant data-driven cost and quality improvements, in addition to better health outcomes for the patient populations these providers serve – including a 33% reduction in hospital visits, an 11% reduction in emergency department visits, and $112M in lowered cost.

- One RHIC leading the way in reporting on value is *HealthInsight Oregon*. This organization creates multi-payer, comprehensive reports at the medical clinic level including price, resource use, utilization and quality data for patients attributed to the clinic across inpatient, outpatient, and professional settings. These reports allow providers to understand how they are performing in categories such as medication management, avoidable emergency department visits, and imaging services in comparison to their peers, and identify areas for improvement. In 2018, Oregon will be publicly releasing cost data paired with quality data, allowing consumers to make informed choices about where to seek high-value primary care.

Transparency Must Include All Aspects of Value – Cost, Quality and Patient Experience- Not Just Cost Alone

The Alliance believes strongly in transparency and is working diligently to offer trustworthy and credible reporting of progress on all measures of health care value (cost, quality and patient experience) as shown on the next page.



Measuring health care **value** is challenging. Those who are most engaged in this work across the country would acknowledge that critical capabilities are in different stages of development. For example, more states/regions are aggregating and using health insurance claims data to measure very important health care *processes,* as we do at the Washington Health Alliance; however, the infrastructure to access hundreds of millions of medical records and/or patient surveys to effectively measure clinician and patient-reported *outcomes* is in a more nascent stage. Similarly, state-wide measurement of patient experience with physicians in a standardized manner (i.e., using a nationally-vetted survey instrument) to support transparency/public reporting is only available in Washington State and a small handful of other states.[5] And price transparency – sharing accurate detail on pricing variation (including total cost and consumer out-of-pocket liability) for treatments, procedures and medications – is largely unavailable in most states apart from the "cost calculators" offered by several health plans, some of which are quite limited. Moreover, a majority of patients are often unaware of the existence of these reports and tools, or may be unclear on how to interpret the available information.

Ideally, all elements of value would be reported on together in a single, comprehensive and understandable way, i.e., a summary of value. The Alliance Board of Directors encourages us to report on all aspects of value and we are having some modest initial success, such as in the Hospital Value Report mentioned earlier. That said, summarizing value into a single score is challenging for multiple reasons:

- First it is technically challenging to create a summary of value across thousands of provider organizations within any given region or state. It involves aggregating and integrating data from multiple and disparate data sources, like insurance claims, electronic medical records and patient-reported outcome surveys.

- Second, we know from our work in measuring health care quality that provider organizations may excel in some areas of care, while demonstrating significant deficiencies in other areas of care. It is generally true that most health care provider organizations are not good at everything, even including those with national reputations – all have room for improvement.

- Third, this type of reporting is very difficult to achieve because the importance given to each element of value depends to some degree on the user. In other words, it is *preference-based* and preferences are not static. For example, one person may place more value on how well a provider treats a disease like diabetes than on the cost of that care, perhaps because they have excellent health care coverage through their employer with minimal out-of-pocket requirements. Conversely, another person may be a generally healthy patient with very little current need for health care but may be in a financially precarious situation (uninsured or underinsured); this person will likely place greater value on the cost part of the equation. Moreover, preferences can change quickly with an individual's circumstances, such as diagnosis of an illness or change in employment status. Thus, the health care ecosystem does not lend itself to simple star rating systems or other common rating tools. The complexity and variability of health

care resists simplistic methods for aggregating variables into a single "Amazon-like" rating system because it may not reflect the user's dynamic preferences.

Purchasers in particular are interested in linking each of the elements of value together when they design benefit plans for employees. Although it is true that most purchasers have focused their health benefit strategies more heavily on managing health care costs, they also care that employees have a high quality, patient-centered experience at a fair price. In today's tight labor market, this is more salient than ever; productivity and recruitment/retention are high priorities. Purchasers are seeking value. "Cost calculators" are not enough. Ideally, future reporting will include and combine all aspects of value – cost, quality and patient experience. We must be able to look at health care cost and understand what we get for it. Health care decision-makers deserve answers to basic questions: Does the expense improve the outcome of care? Is the expense for services that are clinically necessary and appropriate or, is it simply a wasteful, overuse of care? It is not all about the lowest price per service. Instead, it is about a favorable *total cost* of care for an episode of care (such as a maternity stay, total hip replacement, or the care of a patient with diabetes over the course of a year) that has positive health outcomes and provides a good patient experience.

How to Empower Patients to Choose High-Value Care

Empowering patients is a tremendous challenge in health care, and yet absolutely essential. Health care-related topics (diseases, medications, procedures) are complicated and the language typically used to describe them is not easy to understanding by those not trained in health care professions. Patients are often daunted by the complexity of the system we have created and perpetuate. Many of the consumer-facing tools that have been developed, like health plan cost calculators and price comparison tools available through APCDs, have not had enough uptake.

There are essentially four ways to reach consumers: 1) through their physician and health care team; 2) through their employer; 3) through their health plan or 4) through direct-to-consumer mass media (e.g. advertising). Evidence has shown that the general public does not fully understand basic information about health care and health insurance, and many employers view it as their responsibility to design benefit packages that incentivize use of higher-value providers. Others are educating and incentivizing their employees to engage more directly in care decisions by investing in tools that combine cost and quality information for a specific benefit plan or by offering concierge navigators to assist individual patients to move through the health care system for their specific needs.

Education and navigation resources are a critical unmet need, especially for consumers who may not have assistance from their employers. Dr. Jamie S. King's testimony to the Subcommittee on Oversight and Investigations to the Committee on Energy and Commerce in the U.S. House of Representatives does an excellent job of discussing the challenges and the empirical evidence regarding consumer engagement in various tools.[6] Research shows us that it is very difficult for a patient to make choices, particularly when faced with complex research sets[7]. We also know that the way health care information is presented to a consumer matters. One study from the journal *Health Services Research* suggests that using actual dollar amounts for cost, and evaluative symbols (like better, average and below average), aid decision making [8].

Regardless of the communication channel, there are universal considerations that would enhance consumer engagement. We need to deploy all of these to further empower health care consumers to make well-informed decisions about their health care.

1. ***Teach consumers that the quality of health care is measurable and highly variable and that they can be better consumers of care***

   All consumers need to learn that health care value is highly variable and that they can be better consumers of care. While it may be unrealistic to expect the average person to

become an expert on health care value, simple tools and resources can illustrate the variation, helping a person make more informed choices about their care, especially at key moments, e.g., selecting an insurance plan, finding a primary care provider, selecting a hospital for an elective procedure, or managing a chronic illness.

The Alliance and the Washington State Health Care Authority partnered together to create the Savvy Shopper series to support this educational need (Appendices C- G). There are three personas around which the Savvy Shopper series is built: Olivia, who is shopping for quality; Michael, who is interested in his patient experience with a provider; and Ann, who is interested in using health care dollars wisely. Choices faced by each of these consumers are portrayed in graphical format for ease of comprehension. The infographics prompt consumers to take simple action steps to address their specific situation and make informed choices. A summary infographic educates consumers on what actions to take during open enrollment, and before, during and after a visit.

2. Focus on health literacy

Considerable literature has illuminated the epidemic of low health literacy, defined as the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions[9]. To counter this formidable challenge, health systems and clinicians are advised to communicate (verbally and in writing) in plain language, eliminate medical jargon and use tools such as "teach back" to ensure understanding. Unfortunately, because they are steeped in the language of health care, clinicians and insurers often overlook the fact that most consumers and employers don't understand health conditions and what is required to manage them, much less the complexity of the health care system. Adding to this complexity, but no less important, is that communication must be tailored based on important demographics such as race and ethnicity, language and cultural considerations.

Purchaser members of the Alliance Board often remind us that health care is not their core business – they make airplanes or coffee, or run large union trusts. They encourage us to communicate directly and simply. The Consumer Education Committee of the Washington Health Alliance coaches us in the same way. A great example of the notion of "don't assume anything" is the advice we received from this committee as we engaged them in developing an infographic for consumers on the opioid epidemic. Their strong advice was that many people who are taking Percocet or Hydrocodone don't equate these brand-named drugs with the fact that they are taking an opioid. The infographic we developed (Appendix H) highlights frequently prescribed opioids.

In general, simple one-page infographics are a very effective way to communicate the substance of an idea. Appendices I and J contain examples of effective infographics we have developed over the years, focused on consumers.

3. ***Deliver meaningful information, ideally at the time that care is being sought or delivered***

Health care encounters are typically brief and episodic. In the absence of a chronic or acute need, most individuals do not spend the majority of their waking hours thinking about health care or making choices about finding high quality care. Rather, consumers want information as close to the time of care as possible and they need it in an easily digestible way from a trusted source. Education about health care (e.g. information about health insurance and navigating the health system) should be embedded into primary and secondary education. This area is also ripe for entrepreneurs to develop and continue to refine mobile applications that are accessible by smart phone or other communications channels at the point of service and/or the point of need.

The Alliance's Community Checkup website is a resource for unbiased, trustworthy data and analysis of the quality of health care in Washington State[10]. It incorporates Tableau

functionality to allow a user to compare results across hospitals, medical groups, clinics, health plans, Accountable Communities of Health, counties and the state in an interactive and intuitive way. Consumers are also drawn to our "Own Your Health" website to become better educated on the complex nuances of health care, through articles and other resources, to learn how to become better shoppers of health care value. [11] Additionally, the Alliance partners with our members to deliver customized content through the Own Your Health website, reinforcing our earlier point that employers are a vital channel for reaching individuals with credible information about health and health care decision-making.

4. Enlist physicians and other clinicians to help promote transparency

Consumers, who have a trusted relationship with their physician and other care givers, depend on them for advice and guidance. As the clinicians on the HELP Committee know, a strong patient-physician relationship and patient engagement are essential to how well a patient will follow through on medical advice. Following through on medical advice, in turn, leads to better health outcomes.

This means we must involve health care teams directly in the work of consumer empowerment and continue to enlist their advocacy for greater transparency. In particular, we need to find ways to make it easy for health care teams to talk about the cost of care they are delivering and/or be able to direct patients to specific resources that offer accurate information to support decisions. Discussion of money "inside the exam room" has always been considered off-limits or distasteful. But we must get past this cultural barrier and utilize the trusted relationship between provider and patient to educate patients about health care costs and to help them avoid financial harm.

"Your Voice Matters," our patient experience survey sent to 250,000 people across the state, is the only report of its kind to produce comparable, publicly available patient

experience results for primary care providers in Washington State[12]. Patients who have seen their doctor in the past year are asked to report their experiences with their health care provider and the provider's office staff. In one section, patients were asked if before receiving a recommended test, procedure or medication, the provider or office staff helped them find out how much it would cost. Only 23% of the respondents answered yes to this question. The majority of patients are not getting information on the cost of their health care before they receive services. Lack of cost information may result in large, unexpected out-of-pocket costs, a phenomenon well documented in the literature.

What Actions Should Congress Take?

1. ***Create incentives across stakeholder groups to align on transparency initiatives and purchasing for value.***

Unfortunately, most transparency efforts in health care are currently not aligned and can greatly vary across stakeholders and different payers. This creates confusion for patients who want to be able to evaluate costs and qualities across different entities. Congress should address this issue in a collaborative way, working to align different efforts. This requires the involvement of multiple stakeholders and coordination across public and private programs; otherwise, patients may be overwhelmed by competing information or lack key data points they need to appropriately compare different choices. Mandates that address only one sector or create greater fragmentation due to disparate transparency requirements will likely complicate the problem.

As a predominant purchaser of health care in the United States, federal health insurance programs have a duty to remain committed to advancing smarter approaches to health care payment and delivery. CMS has shown some success in shifting Medicare's delivery system into value-based care. The agency has met its initial goal of tying at least 30

percent of Medicare payments to quality performance or value-based arrangements by 2016 and remains on track to achieve 50 percent by 2018. By propelling transformative changes in the way federal programs pay for health care, CMS can improve care quality and better control care costs in its own programs, while also sending a strong signal to participants in the private health insurance market to do the same.

To continue to improve, CMS should draw on lessons from payment innovations supported by regional healthcare improvement collaboratives who play an essential role in working to implement transparency tools that are supported across a broad and diverse group of healthcare stakeholders.

2. ***Support Federal agency initiatives that make health care value data more transparent and focus on value.***

The announcement by CMS Administrator Seema Verma to require hospitals to post prices on the internet by January 1, 2019 is a step in the right direction, and is a good example of the government's role in pushing for price transparency. We encourage promotion of agency initiatives that tie cost, quality and patient experience as tightly together as possible.

The Qualified Entity Program put in place to make Medicare data more transparent should be modified to make the process to access data less burdensome, while still having a very tight data security and data use system in place. In addition, use cases should be loosened to allow more public reporting. Current requirements make the data very expensive to obtain. Public reporting restrictions do not maximize transparency given who can obtain results and how data sets must be combined in reports.

3. ***Strengthen the role of regional health improvement collaboratives (RHICs) in developing data sets and communicating health information***

   Rather than starting from scratch, Congress should leverage existing networks that already have the trust and support of local stakeholders and who are already working to make care improvements. RHICs play an important role in working to implement transparency tools that are supported across a broad and diverse group of healthcare stakeholders.

   Congress should highlight and support the work of RHICs to bring greater awareness to these activities and help the work of RHICs expand those efforts that are working to improve quality and reduce costs for the benefit of patients.

Closing

I would like to thank the members of the Health Education Labor and Pension Committee for holding this important hearing on patient empowerment and health data transparency. Thank you also for devoting time to four other important health care topics in the preceding three hearings and the fifth hearing to follow. I applaud your efforts to address the unaffordability of health care in a bipartisan way and urge you to be bold as you make decisions to benefit the citizens of our country.

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[1] *First Do No Harm: Calculating Health Care Waste in Washington State.* Washington Health Alliance, February 2018

[2] *Hospital Value in Washington State*. May, 2018

[3] *Common Measure Set on Healthcare Quality and Cost*. Health Care Authority Performance Measures Coordinating Committee, 2018

[4] Washington Health Alliance. "Community Checkup." wahealthalliance.org/alliance-reports-websites/community-checkup/

[5] Patient experience is different than patient satisfaction. Patient experience asks patients whether or not, or how often, certain behaviors occur during the course of their care. For example, how well does my provider communicate with me? Or how well do providers work together to coordinate my care? Conversely, patient satisfaction is more of a business loyalty measure and addresses how patients *feel* about their provider, generally acknowledged to be a highly subjective measure. Higher patient experience correlates with better health care outcomes, whereas there is little or no correlation between patient satisfaction and outcomes.

[6]United States. Cong. House. Committee on Oversight and Investigation. *Hearing on Examining State Efforts to Improve Transparency of Health Costs for Consumers. July 17, 2018.* 115th Cong. 2nd Sess. Washington: GPO, 2018. Statement of Jamie King, PhD, Professor, UC Hastings College of Law.

[7] Schlesinger, M., D. E. Kanouse, S. C. Martino, D. Shaller, and L. Rybowski. 2014. "Complexity, Public Reporting, and Choice of Doctors: A Look Inside the Blackest Box of Consumer Behavior." Medical Care Research and Review: MCRR 71 (5 Suppl): 38S–64S.

[8] Greene, J. and R. M. Sacks. "Presenting Cost and Efficiency Measures that Support Consumers to Make High-Value Health Care Choices." Health Services Research: © Health Research and Educational Trust,

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[9] https://health.gov/communication/literacy/quickguide/factsbasic.htm

[10] Washington Health Alliance. "Community Checkup." wahealthalliance.org/alliance-reports-websites/community-checkup/

[11] Washington Health Alliance. "Own Your Health." wahealthalliance.org/alliance-reports-websites/own-your-health/wahealthalliance.org/alliance-reports-websites/community-checkup/

[12] *Your Voice Matters: Patient Experience with Primary Care Providers in Washington State.* Washington Health Alliance. February, 2018

Appendix A

Appendix A

WASHINGTON HEALTH ALLIANCE

Washington Health Alliance Board of Directors, 2018

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Appendix A

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Greg Marchand - Director, Benefits and Integration, The Boeing Company

Larry McNutt - (Past Chair) Senior Vice President Corporate Administration & Pension, Northwest Administrators, Inc.

Steve Mullin - President, Washington Roundtable

Peter Rutherford, MD - Chief Executive Officer, Confluence Health

Paul Sherman, MD - Chief Operating Officer and Medical Director of Care Delivery, Kaiser Permanente Washington

Ron Sims - Former King County Executive Director and Deputy Director of HUD

Claire Verity - Chief Executive Officer, Pacific Northwest States, E & I Local Markets, UnitedHealthcare Community Plan

Caroline Whalen - County Administrative Officer and Director for the King County Department of Executive Services, King County

Carol Wilmes - Director of Member Pooling Programs, the Association of Washington Cities

Appendix B

DROP THE PRE-OP!

Physicians Agree: All patients need pre-op EVALUATION, but a low-risk patient having a low-risk procedure does not need pre-op TESTING.

Providing high-quality care to patients includes eliminating unnecessary tests, treatments and procedures.

A recent study in Washington state[1], reveals that at least 100,000 patients received unnecessary pre-op testing during a one-year period, at an estimated cost of over $92 million—a very conservative estimate.

Routine preoperative lab studies, pulmonary function tests, X-rays and EKGs on healthy patients before low-risk procedures are not recommended because they are unlikely to provide useful, actionable information.

Choosing Wisely® Recommendations

> "Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal."
>
> **—American Society of Anesthesiologists**

> "Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms."
>
> **—American Academy of Family Physicians**

There are a variety of reasons why unnecessary pre-op tests are ordered, such as:

- Broadly ordering the same pre-op tests for all patients/procedures—based on habit without thoughtful reflection—regardless of a patient's health or a procedure's risk.
- A desire to be "thorough" and/or concern that an incomplete pre-op form may delay the procedure for the patient.
- Discomfort with uncertainty and concern about malpractice.
- A mistaken belief that all insurers require pre-op testing.

[1] First, Do No Harm. https://www.wacommunitycheckup.org/media/47156/2018-first-do-no-harm.pdf

Benefits of Reducing Unnecessary Pre-op Testing

For patients:

- Reduces unnecessary time spent at a lab or clinic.
- Reduces patient's financial burden.
- Reduces waiting for test results and anxiety from false-positive results.
- Reduces unnecessary delay before procedure.

For physicians:

- Provides evidence-based care to patients and avoids unnecessary care.
- Reduces time spent reviewing, documenting and explaining test results that add no value and won't impact a decision regarding procedure.
- Reduces risk exposure from not carefully documenting follow-up on all pre-op tests.

Choosing Wisely® An initiative of the ABIM Foundation

WASHINGTON STATE TASK FORCE

WA Washington Health Alliance | WSMA Washington State Medical Association | Washington State Hospital Association

For more information and resources, visit:
wsma.org/Choosing-Wisely

Appendix B

Pre-op Testing Prior to Low-Risk Procedures for Low-Risk Patients

	Physical Status of Patient Undergoing Low-Risk* Procedure (determined based on history and evaluation)		
	LOWER RISK PATIENTS		HIGHER RISK PATIENTS
Pre-op Test	**ASA I** A normal healthy patient	**ASA II** A patient with mild stable systemic disease	**ASA III-V** A patient with severe systemic disease or a patient who is not expected to survive without the operation
Chest X-ray	DO NOT ROUTINELY ORDER		DO NOT ROUTINELY ORDER
Coagulation studies			CONSIDER ORDERING PER GUIDELINES
Complete metabolic panel			
EKG or echocardiography			
Full blood count test			
Pulmonary function test			
Urinalysis	DO NOT ROUTINELY ORDER *(unless urologic procedure)*		

* **Examples of Low-Risk Procedures:** arthroscopy and orthopedic procedures that only require local anesthesia; cataract, corneal replacement and other ophthalmologic procedures; cystoscopy and other minor urologic procedures; dental restorations and extractions; endoscopy; hernia repair; minor laparoscopic procedures; superficial plastic surgery.

Recommended Actions

Physicians, Hospitals and Other Health Care Organizations

- Educate physicians and team members (e.g. RN, MA) involved in pre-op testing decision-making.
- Delete prompts for pre-op testing in electronic health record (EHR) order sets designed for low-risk patients undergoing low-risk procedures.
- Use evaluation checklists to optimize surgical outcomes (e.g. nutrition, glycemic control, medication management and smoking cessation).
- In hand-off communication to the surgeon or anesthesiologist after your pre-op evaluation, add this or similar language: "This patient has been evaluated and does not require any pre-operative lab studies, chest X-ray, EKG or pulmonary function test prior to the procedure."
- Provide prompt and clear peer-to-peer feedback when unnecessary pre-op testing occurs; make this a topic of departmental and inter-departmental quality improvement discussions, including gathering patient data to inform discussions.
- Measure current rate of pre-op testing on low-risk patients prior to a low-risk procedure and track improvement.

Payers

- Review medical policies and prior-authorization requirements to ensure they clearly do not require routine testing prior to low-risk procedures on low-risk patients.
- Utilize health plan data and analytics to measure and monitor use of pre-op testing on low-risk patients prior to low-risk procedures.
- Provide feedback on pre-op testing on low-risk patients prior to low-risk procedures to physicians and health care organizations.

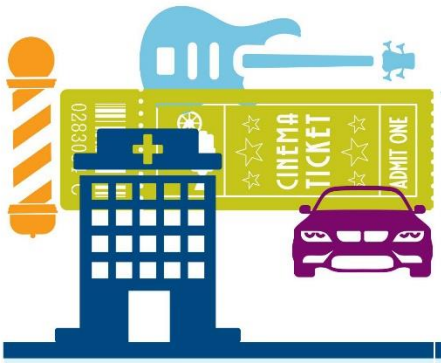
Choosing Wisely — An initiative of the ABIM Foundation

WASHINGTON STATE TASK FORCE

WA Washington Health Alliance · WSMA Washington State Medical Association · Washington State Hospital Association

For more information and resources, visit: wsma.org/Choosing-Wisely

Appendix C



THE SAVVY HEALTH CARE PURCHASER

GETTING HIGH-VALUE CARE

Healthier WASHINGTON

WASHINGTON HEALTH ALLIANCE

As individual consumers, every time we make a purchase we must weigh cost and quality to determine value.

Employers and labor union trusts purchasing health care benefits are doing the same thing—they're just buying a lot at one time and at a lot of cost to their organization.

HOW TO BUY HIGH-VALUE HEALTH CARE

How employers and trusts buy health care can change the way care is delivered—for the better. High-value care is high quality, patient-centered care, provided at the fair price, leading to the best possible health outcomes.

QUALITY



There is enormous variation in the quality of health care. Not all care is equally good.

1. Look for medical groups and hospitals that deliver the care patients need and that avoid unnecessary tests and procedures.

PATIENT EXPERIENCE



Having a good experience at the doctor's office or hospital can lead to better health.

2. Expect providers to listen to patients and respect the role they play in their own health care.

COST



Paying more for health care doesn't necessarily mean the care will be better.

3. Look for providers who offer high-quality care at a fair price.

THESE RESOURCES CAN HELP YOU MAKE SURE YOU ARE BUYING HIGH-VALUE HEALTH CARE

See the Common Measure Set on the Community Checkup, powered by the Washington Health Alliance, at www.wacommunitycheckup.org, to see how health care organizations rate on quality measures.

Compare patient experience at clinics and medical groups in the region at www.wacommunitycheckup.org/your-voice-matters.

Become a member of the Washington Health Alliance and join the conversation to transform health care delivery. Learn more at www.wahealthalliance.org.

The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Appendix D



THE SAVVY HEALTH CARE SHOPPER

SHOPPING FOR QUALITY

Healthier WASHINGTON

WASHINGTON HEALTH ALLIANCE

THE CHALLENGE:

THERE IS ENORMOUS VARIATION WHEN IT COMES TO THE QUALITY OF HEALTH CARE. NOT ALL CARE IS EQUALLY GOOD.

Olivia just enrolled in her new health plan and is looking for a clinic that provides high quality care.

She wants to find a primary care provider now to help her stay healthy and care for her if things change.

1 SHE COMPARES CARE.



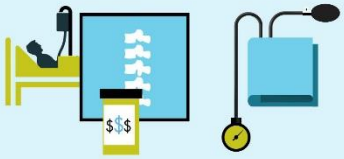
Olivia "shops" for a clinic on the Community Checkup website to find out how providers in her network rate on quality measures.

2 SHE MAKES AN INFORMED CHOICE.



By comparing scores, Olivia finds high scoring clinics in her neighborhood and contacts them to see if they'd be a good fit.

3 SHE MAKES SURE SHE GETS THE RIGHT AMOUNT OF CARE.



NOT TOO MUCH

Unnecessary care costs money and can be harmful.

It's important to find the right provider and be engaged in your care.

NOT TOO LITTLE

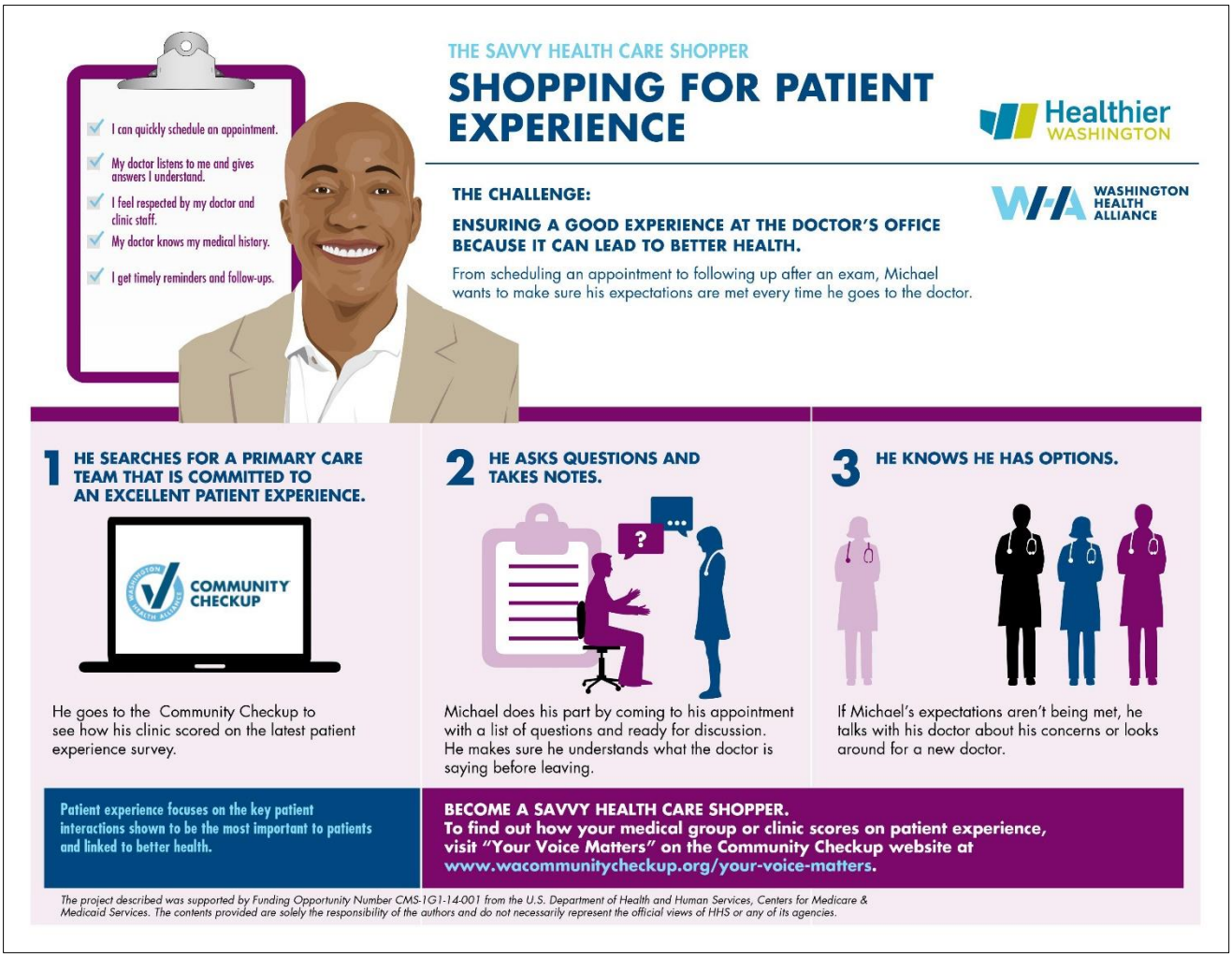
Patients with chronic conditions do not always get the recommended care.

Many people don't get regular screenings, which can catch disease earlier.

BECOME A SAVVY HEALTH CARE SHOPPER.
Visit the Community Checkup at www.wacommunitycheckup.org and find out how you can get the quality care you deserve.

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Appendix E


I can quickly schedule an appointment.
My doctor listens to me and gives answers I understand.
I feel respected by my doctor and clinic staff.
My doctor knows my medical history.
I get timely reminders and follow-ups.
THE SAVVY HEALTH CARE SHOPPER
SHOPPING FOR PATIENT EXPERIENCE
Healthier WASHINGTON
WASHINGTON HEALTH ALLIANCE
THE CHALLENGE:
ENSURING A GOOD EXPERIENCE AT THE DOCTOR'S OFFICE BECAUSE IT CAN LEAD TO BETTER HEALTH.
From scheduling an appointment to following up after an exam, Michael wants to make sure his expectations are met every time he goes to the doctor.
1 HE SEARCHES FOR A PRIMARY CARE TEAM THAT IS COMMITTED TO AN EXCELLENT PATIENT EXPERIENCE.
COMMUNITY CHECKUP
He goes to the Community Checkup to see how his clinic scored on the latest patient experience survey.
2 HE ASKS QUESTIONS AND TAKES NOTES.
Michael does his part by coming to his appointment with a list of questions and ready for discussion. He makes sure he understands what the doctor is saying before leaving.
3 HE KNOWS HE HAS OPTIONS.
If Michael's expectations aren't being met, he talks with his doctor about his concerns or looks around for a new doctor.
Patient experience focuses on the key patient interactions shown to be the most important to patients and linked to better health.
BECOME A SAVVY HEALTH CARE SHOPPER.
To find out how your medical group or clinic scores on patient experience, visit "Your Voice Matters" on the Community Checkup website at www.wacommunitycheckup.org/your-voice-matters.
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Appendix F



THE SAVVY HEALTH CARE SHOPPER

USING HEALTH CARE DOLLARS WISELY

Healthier WASHINGTON

WASHINGTON HEALTH ALLIANCE

THE CHALLENGE:

PAYING MORE FOR HEALTH CARE DOESN'T NECESSARILY MEAN THE CARE WILL BE BETTER.

Ann's physician has recommended a procedure. She wants to make sure she gets the care she needs without paying more than she has to.

For other major purchases she knows how to figure out if she's getting good value. For health care, she should do the same.

1 SHE DOES SOME RESEARCH BEFORE GOING INTO THE EXAM ROOM.



AM I STAYING IN NETWORK ?

She makes sure all of her doctors, clinics and hospitals are in her health plan's network.

WHAT WILL I PAY ?

She uses her health plan's cost estimator or customer service line to learn what a recommended procedure might cost.

2 SHE ASKS QUESTIONS ABOUT THE PROCEDURE AND RELATED TESTS AND MEDICATIONS.



HOW MUCH WILL IT COST ?

More expensive care is not necessarily better care.

ARE THERE OTHER OPTIONS ?

Less expensive treatments or medications are sometimes the best choice.

3 SHE USES THE ER ONLY FOR EMERGENCIES.



WHERE SHOULD I GO ?

Some settings of care are much more expensive than others. She visits her primary care provider whenever possible.

BECOME A SAVVY HEALTH CARE SHOPPER.
Visit www.wahealthalliance.org/savvy-shopper-cost for more information on how to spend your health care dollars wisely.

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Appendix G

THE SAVVY HEALTH CARE SHOPPER

GETTING HIGH-VALUE HEALTH CARE

Healthier WASHINGTON

WASHINGTON HEALTH ALLIANCE



"I want to make sure I'm getting the right care for me, when I need it."

"I want to feel respected, listened to and understand the care I'm getting"

"I don't want to pay more than I have to for health care."

	QUALITY	PATIENT EXPERIENCE	COST
DURING OPEN ENROLLMENT	Compare the quality of medical groups and hospitals in your network at www.wacommunitycheckup.org	Compare patient experience at clinics and medical groups in your network at www.wacommunitycheckup.org/your-voice-matters	Make sure all of your doctors, medical groups and hospitals are in your health plan's network.
BEFORE A VISIT	Come prepared with a list of issues and questions that are important to you.	Consider what you think is important for this visit.	Visit your primary care provider or urgent care clinic instead of the emergency room whenever possible.
DURING A VISIT	Make sure you understand your diagnosis and any recommended treatments.	Ask questions and take notes.	Ask about cost and alternatives for any recommended test, procedures or medications.
AFTER A VISIT	Stay on top of your health by following your doctor's advice and taking prescribed medications.	If your expectations aren't being met, talk with your doctor about your concerns or think about finding a new doctor.	Make sure your providers and hospitals are in-network for any recommended follow-up procedures.

BECOME A SAVVY HEALTH CARE SHOPPER.
We should all be savvy shoppers when it comes to our health. You have the right to demand high-value care at every step. Visit the Community Checkup to learn more: www.wacommunitycheckup.org.

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Appendix H



WASHINGTON HEALTH ALLIANCE
Leading health system improvement

DR. ROBERT BREE COLLABORATIVE

Opioid Medication & Pain: What You Need to Know

If you've had an injury, surgery or major dental work, you are likely to have pain. Pain is a normal part of life and healing. Talk with your doctor about how you can get the most effective pain relief with the least risk.

NON-OPIOID PAIN TREATMENTS HAVE FEWER RISKS

For pain that will likely be gone in a week or two, it is always best to start with non-opioid pain treatments. Opioids may help control pain at first, but they are usually not necessary. Consider other options that may work just as well but have far fewer risks.

- Over-the-counter pain relievers
- Physical therapy
- Exercise
- Professional help coping with the emotional effects of pain

OPIOIDS ARE STRONG PRESCRIPTION MEDICATIONS

Opioids can be the right choice for treating severe pain, such as from cancer or immediately after major surgery. However, medications such as Vicodin, Percocet and OxyContin are very powerful and can be deadly. Even if you take them as directed, ALL opioids have serious side effects such as addiction and overdose.

OPIOIDS ARE CHEMICAL COUSINS OF HEROIN AND ARE HIGHLY ADDICTIVE

You can build up a tolerance to opioids over time, so you need to take more and more to get the same relief. The higher the dose, the more dangerous opioids are. You can even become addicted after a short time.

Commonly prescribed opioids:

- Codeine
- Dilaudid
- Fentanyl
- Hydrocodone (Vicodin)
- Hydromorphone
- Methadone
- Meperidine
- Morphine
- MS Contin
- Oxymorphone (Opana)
- Oxycodone (OxyContin)
- Percocet

These are only some of the prescription opioids. If you get a prescription for pain, ask your doctor if it is an opioid.

If you are prescribed an opioid for short-term pain:



The prescription should only be for a three- to seven-day supply (often this is as few as 10 pills).



Take the lowest dose possible for the shortest period of time.



Always talk with your doctor about managing your pain better **without** taking prescription opioids.

www.WashingtonHealthAlliance.org www.BreeCollaborative.org

Appendix I

THE RIGHT CARE

WHEREVER YOU LIVE

WASHINGTON HEALTH ALLIANCE
Leading health system improvement

Where you live can affect a lot of things. Your weather. Your commute. And your health care.

For example,
IN 2012:

People living in **Everett** were more likely to receive a CT scan than the rest of the Puget Sound region. For example, girls aged 5–14 were **134% more likely to get a CT scan** than young girls living in Tacoma.

Women aged 35–44 living in **Puyallup** were **193% more likely to have a hysterectomy** compared to women of the same age living in Seattle.

Men aged 55–64 living in **Renton** were **80% more likely to have spine surgery** than men of the same age living in Seattle.

Women aged 35–44 living in **Olympia** were **239% more likely to receive a spine injection** than women of the same age living in Seattle.

WHAT IT ALL MEANS

Care is delivered differently across the Puget Sound region (and, in fact, across the entire country). Sometimes people get too much care. Sometimes they get too little. And this variation may really affect your health and pocketbook.

THE CAUSE IS NOT ALWAYS CLEAR

In some places, it could be that people are just sicker. But we also know that the way doctors do things differs across communities and that these differences cannot always be explained by medical need; in some cases, doctors prefer to use certain treatments.*

WHAT YOU CAN DO ABOUT IT

Have an open conversation with your doctor. That way, you can help be sure you're getting the care you really need when you need it – not too much and not too little – and that you understand the risks you might face. Having these discussions can help your doctor help you.



Ask your doctor to tell you about *all* of your care options.



Ask questions about your doctors' recommendations and about any risks or complications.



Find out if a lifestyle change will make a difference. Or, what if you do nothing? This is sometimes called "watchful waiting."

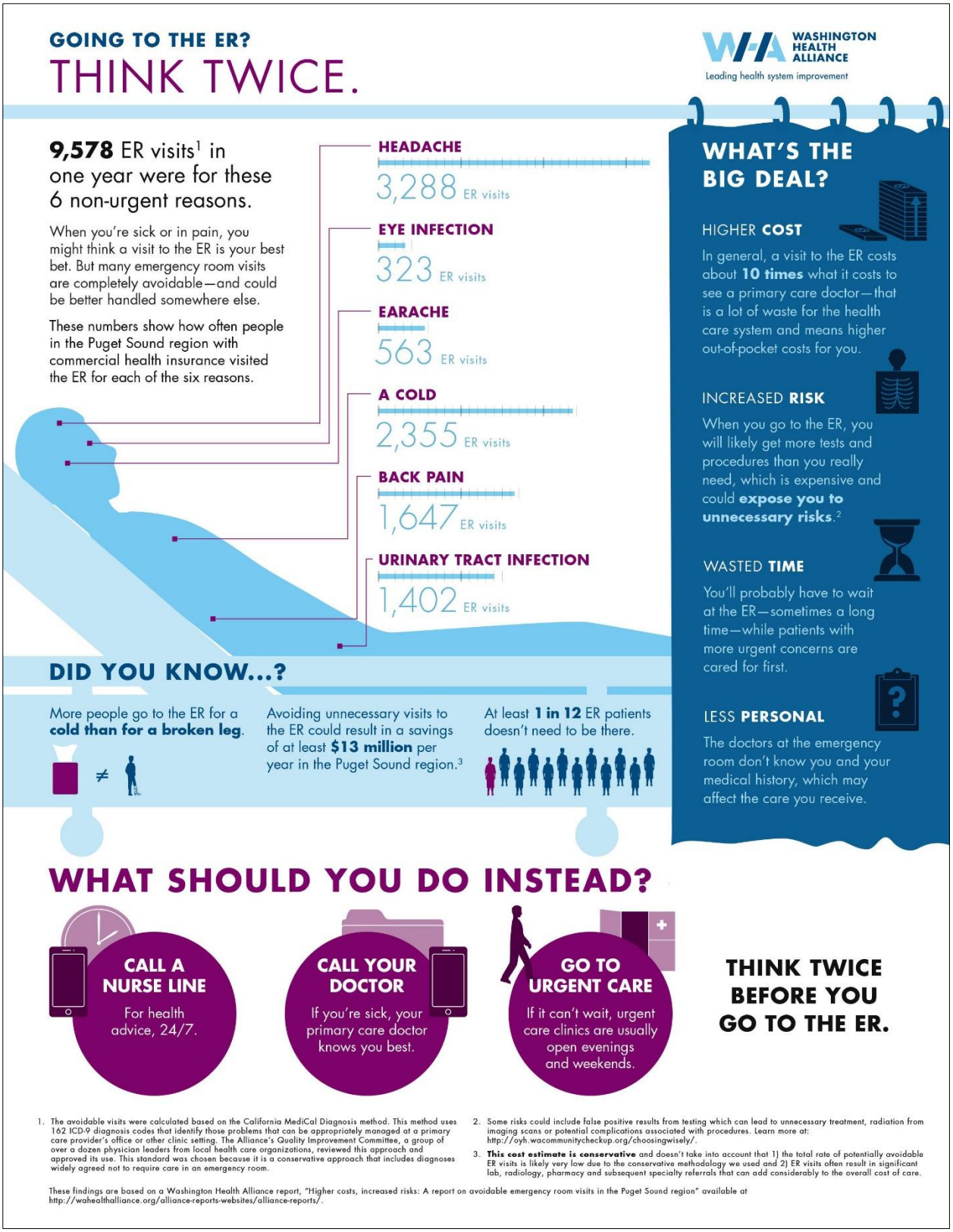


Understand what your treatment options might cost. Be sure to ask about both "professional fees" and "facility fees" which are often billed separately.

Source: *Different Regions, Different Health Care: A Report on Variation in Procedure Rates in Puget Sound*, Washington Health Alliance, 2014.
Learn more at: http://wahealthalliance.org/alliance-reports-websites/alliance-reports/.

* Not every doctor will have the same opinion about possible treatments. Factors which may affect a doctor's opinion are technology available to that doctor, school of thought, where they were trained and experience in dealing with that particular diagnosis. Learn more at: http://www.patientadvocate.org/index.php?p=691.

Appendix J


GOING TO THE ER?
THINK TWICE.
WASHINGTON HEALTH ALLIANCE
Leading health system improvement
9,578 ER visits[1] in one year were for these 6 non-urgent reasons.
When you're sick or in pain, you might think a visit to the ER is your best bet. But many emergency room visits are completely avoidable—and could be better handled somewhere else.
These numbers show how often people in the Puget Sound region with commercial health insurance visited the ER for each of the six reasons.
HEADACHE
3,288 ER visits
EYE INFECTION
323 ER visits
EARACHE
563 ER visits
A COLD
2,355 ER visits
BACK PAIN
1,647 ER visits
URINARY TRACT INFECTION
1,402 ER visits
WHAT'S THE BIG DEAL?
HIGHER COST
In general, a visit to the ER costs about 10 times what it costs to see a primary care doctor—that is a lot of waste for the health care system and means higher out-of-pocket costs for you.
INCREASED RISK
When you go to the ER, you will likely get more tests and procedures than you really need, which is expensive and could expose you to unnecessary risks.[2]
WASTED TIME
You'll probably have to wait at the ER—sometimes a long time—while patients with more urgent concerns are cared for first.
LESS PERSONAL
The doctors at the emergency room don't know you and your medical history, which may affect the care you receive.
DID YOU KNOW...?
More people go to the ER for a cold than for a broken leg.
≠
Avoiding unnecessary visits to the ER could result in a savings of at least $13 million per year in the Puget Sound region.[3]
At least 1 in 12 ER patients doesn't need to be there.
WHAT SHOULD YOU DO INSTEAD?
CALL A NURSE LINE
For health advice, 24/7.
CALL YOUR DOCTOR
If you're sick, your primary care doctor knows you best.
GO TO URGENT CARE
If it can't wait, urgent care clinics are usually open evenings and weekends.
THINK TWICE BEFORE YOU GO TO THE ER.
1. The avoidable visits were calculated based on the California MediCal Diagnosis method. This method uses 162 ICD-9 diagnosis codes that identify those problems that can be appropriately managed at a primary care provider's office or other clinic setting. The Alliance's Quality Improvement Committee, a group of over a dozen physician leaders from local health care organizations, reviewed this approach and approved its use. This standard was chosen because it is a conservative approach that includes diagnoses widely agreed not to require care in an emergency room.
2. Some risks could include false positive results from testing which can lead to unnecessary treatment, radiation from imaging scans or potential complications associated with procedures. Learn more at: http://oyh.wacommunitycheckup.org/choosingwisely/.
3. This cost estimate is conservative and doesn't take into account that 1) the total rate of potentially avoidable ER visits is likely very low due to the conservative methodology we used and 2) ER visits often result in significant lab, radiology, pharmacy and subsequent specialty referrals that can add considerably to the overall cost of care.
These findings are based on a Washington Health Alliance report, "Higher costs, increased risks: A report on avoidable emergency room visits in the Puget Sound region" available at http://wahealthalliance.org/alliance-reports-websites/alliance-reports/.