

Quality Improvement Committee (QIC)

Thursday, January 12, 2017

MEETING SUMMARY

Committee Members Present:

Lydia Bartholomew, *Aetna*
David Buchholz, *Premera Blue Cross*
Christopher Dale, *Swedish Health Services (phone)*
Peter Dunbar, *Foundation for Health Care Quality*
Nancy Fisher, *Centers for Medicare & Medicaid Services*
Frances Gough, *Molina Health Care*
Bruce Gregg, *MultiCare Health System (phone)*
Matt Handley, *Group Health Cooperative*
Dan Kent, *UnitedHealthcare*
Gary Knox, *Rockwood Clinic*
Pat Kulpa, *Regence Blue Shield*
Michelle Matin, *Polyclinic*
Bob Mecklenburg, *Virginia Mason Medical Center*
Randal Moseley, *Confluence Health*
Janet Piehl, *UW Medicine*
Terry Rogers, *retired*
John Sobeck, *Cigna Health Care (phone)*
Hugh Straley, *The Bree Collaborative*
Lynette Wachholz, *The Everett Clinic (phone)*

Committee Members Absent:

Scott Kronlund, *Northwest Physicians Network*
Dan Lessler, *WA State Health Care Authority*
Peter McGough, *UW Medicine*
Jonathan Sugarman, *Qualis Health*

Staff and Guests Present:

Jim Andrianos, *Calculated Risk*
Ray Baker, *EvergreenHealth Medical Group*
Nancy Giunto, *Washington Health Alliance*
Laurie Kavanagh, *Washington Health Alliance*

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

Acting Chair Dr. Matt Handley opened the meeting by welcoming everyone, especially new member Dr. Janet Piehl. QIC members endorsed both proposed new Chair Dan Kent, MD, Chief Medical Officer, UnitedHealthcare Community & State – Washington and proposed new member Ray Baker, MD, VP & Executive Medical Director, EvergreenHealth Medical Group. Members approved the October 2016 meeting summary as presented.

- **ACTION: Endorsement of Dr. Dan Kent as QIC Chair and Dr. Ray Baker as a new member, and approval of October 2016 meeting summary.**

PLANNING FOR REPORTS CONTAINING PRICE INFORMATION

Last fall, in anticipation of greater access to pricing data, the Alliance Board requested that a work group of members from the Health Economics and Quality Improvement Committees formulate proposals using price information in future Alliance reports and products. Alliance consultant Jim Andrianos presented the three proposals that the work group considered (outlined below) and invited QIC member comment. On January 18, 2017 these proposals will be submitted to the Board's recently-formed Pricing Subcommittee.

The three proposals are as follows:

1. Variation in Pricing by Condition (to display aggregated high/low/median prices and total spending for selected treatments, by provider organization)
2. Spending Trend Analysis (to identify the drivers of spending change through time)
3. Price of Potentially Avoidable Events (to attach price information to existing Alliance reports addressing ER use and hospital readmissions)

The QIC members agreed that this was a good activity for Alliance focus and that the strategies presented were suitable ways to initiate reporting with pricing data. Members stressed the importance of making transparent the actual spending for discrete treatments as well as for lengthier care episodes. They also stressed for the Alliance to be aggressive in reporting on quality and spending data. To illustrate, members advanced and discussed an approach in which clinical outcomes are arrayed against the aggregated price of associated healthcare services.

MACRA

Dr. Nancy Fisher presented a comprehensive overview of MACRA. She suggested that physician organizations look online to see how different practices have approached the process and shared that CMS has launched a new [MACRA website focusing on the Quality Payment Program \(QPP\)](#). It provides tools and resources to help physicians and physician organizations deliver high quality, value-based care. There is member interest in how organizations are working with and building on the various and ongoing improvement efforts.