

## Quality Improvement Committee (QIC)

Thursday, February 14, 2019

<b>Committee</b>	Lydia Bartholomew, <i>Aetna</i> (phone)
<b>Members Present:</b>	David Buchholz, <i>Premera Blue Cross</i> Peter Dunbar, <i>Foundation for Health Care Quality</i> (phone) Sharon Eloranta, <i>CHI Franciscan Health</i> (phone) Bruce Gregg, <i>MultiCare Health System</i> (phone) Matt Handley, <i>Kaiser Permanente Washington</i> (phone) Dan Kent, <i>UnitedHealthcare Community Plan (Chair)</i> (phone) Michael Myint, <i>Swedish Health Services</i> Drew Oliveira, <i>Regence Blue Shield</i> John Vassall, <i>Qualis Health</i> Judy Zerzan, <i>WA State Health Care Authority</i>
<b>Committee</b>	Mary Anderson, <i>The Polyclinic</i>
<b>Members Absent:</b>	Nancy Fisher, <i>Region X, CMS</i> Frances Gough, <i>Molina Health Care</i> Kim Herner, <i>Valley Medical Center</i> Gary Knox, <i>MultiCare Rockwood Clinic</i> Peter McGough, <i>UW Medicine</i> Bob Mecklenburg, <i>Virginia Mason Medical Center</i> Randal Moseley, <i>Confluence Health</i> Terry Rogers, <i>Emeritus member</i> John Sobeck, <i>Cigna</i> Hugh Straley, <i>The Robert Bree Collaborative</i> Julie Stroud, <i>Northwest Physicians Network</i> Lynette Wachholz, <i>The Everett Clinic</i>
<b>Staff and Guests</b>	Jim Andrianos, <i>Calculated Risk</i>
<b>Present:</b>	Susie Dade, <i>Washington Health Alliance</i> Nancy Giunto, <i>Washington Health Alliance</i> Mary Kemhus, <i>Novartis</i> Mark Pregler, <i>Washington Health Alliance</i>

### INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

**ACTION - The QIC reviewed and approved the QIC meeting minutes from December 13, 2018.**

## Preview 2018 eValue8 Results

Ms. Dade provided an overview of results from the 2018 eValue8 process. This was an information item for the QIC.

eValue8 is a nationally standardized evaluation of commercial health plans. It was originally created by business coalitions and employers like Marriot and General Motors. It is currently maintained by the National Alliance of Healthcare Purchaser Coalitions (formerly the National Business Coalition on Health). Every other year, the Alliance and its purchaser members ask commercial health plans to respond to the eValue8 Request for Information (RFI) because it:

- Articulates purchaser expectations
- Facilitates purchasers' value-based selection of health plans by supplying the "Quality Factor" in the value equation (supplements RFP)
- Provides benchmarks for local and national comparisons - between plans, and over time
- Identifies and promotes opportunities for quality improvement
- Drives collaboration between purchasers and health plans
- Results used to educate employees on health plan quality

The Alliance has sponsored eValue8 in 2008, 2009, 2010, 2012, 2014, 2016, and 2018.

In 2018, the following six commercial health plans agreed to participate in the eValue8 process: Aetna, Cigna, Kaiser Permanente Washington HMO, Kaiser Permanente Washington PPO, Regence Blue Shield and UnitedHealthcare. Premera Blue Cross was invited to participate but they declined to do so.

eValue8 includes a number of important focus areas including:

- Provider (Physician and Hospital) Management, Support and Measurement
  - Health plan's effective use of contracting to drive innovative payment methods and improved performance among providers, including the scope of measurement of performance for transparency and rewards
  - Health plan's programs and initiatives to support physicians and other providers in engaging members, identifying gaps in care and members who would benefit from care management support

- Member Support and Engagement -- “Helping Members . . .”
  - Alignment of plan design with desired outcome (value-based benefit design)
  - Member screening, identification of gaps in care (prevention, tobacco, obesity, chronic illness, maternity)
  - Robust price and quality transparency that is easy to find on the plan’s website and easy to use for consumers
  - Robustness of tools: physician and hospital choice, treatment option support, and shared decision-making
- Performance Results
  - Health plan’s performance on nationally standardized patient experience and quality measures (CAHPS and HEDIS - Diabetes, Heart, Behavioral Health, Cancer screening, Tobacco Use, Obesity, Overuse/appropriate utilization)
  - Health plan accreditation

Ms. Dade noted that member experience was a significant opportunity for improvement, across most of the health plans with four of the six plans rating below the national 25<sup>th</sup> percentile for overall rating of the health plan and overall rating of health care.

The Alliance will publicly release 2018 eValue8 results in a report in March 2019.

### **Strategies for Curbing the Opioid Epidemic**

Ms. Dade introduced this topic noting that the Alliance is frequently asked what purchasers can do AND what purchasers should expect their health plans to do to help curb the opioid epidemic. The QIC reviewed a number of strategies recommended in both California and Oregon and offered advice regarding which strategies the Alliance should recommend to plans and purchasers. The strategies are organized into the following categories:

1. Approaches to decrease new prescriptions for opioids and support for safer pain management
  - a. Provider support and network adequacy
  - b. Medical management
  - c. Pharmacy benefits
  - d. Member services
2. Strategies to increase access to addiction treatment and naloxone
  - a. Provider support and network adequacy
  - b. Utilization management (medical pharmacy) and benefit design
  - c. Member services

A separate document that reflects the QIC's advice will be finalized and will be made available within two weeks.

### **Development of a Composite Measure**

Ms. Dade introduced the topic by noting that a number of organizations in the market are moving towards the use of composite measures and the Alliance wants to assess its role and potentially lead a multi-stakeholder effort to develop one or more composite measures that may be used in conjunction with the Alliance's APCD and Community Checkup website.

The QIC had a robust discussion of the pros and cons, noting that it will be important to be clear from the start what the goal(s) are for using one or more composite measures. For example, the group discussed whether the goal is to identify where a specific individual should go (which provider would best meet that individual's needs) or is the goal to identify the highest quality/value providers in the market to inform value-based purchasing and benefit design.

The QIC recommended that the Alliance should form a small ad hoc workgroup with approximately ten members, e.g., 3-4 health plan reps, 3-4 provider reps, and 2 purchaser reps.

The QIC also recommended that the work group should initially focus on a composite for primary care quality.

**The next QIC meeting will be Thursday, April 11, 2019 from 2:00 – 4:00 at the Alliance.**