

Quality Improvement Committee

Thursday, March 10, 2016

MEETING SUMMARY

Committee Members Present:	Peter McGough, <i>UW Medicine (Chair)</i> Lydia Bartholomew, <i>Aetna (phone)</i> David Buchholz, <i>Premera Blue Cross</i> Nancy Fisher, <i>Centers for Medicare & Medicaid Services (phone)</i> Bruce Gregg, <i>MultiCare Health System (phone)</i> Matt Handley, <i>Group Health Cooperative</i> Scott Kronlund, <i>Northwest Physicians Network</i> Pat Kulpa, <i>Regence Blue Shield</i> Dan Lessler, <i>WA State Health Care Authority</i> Bob Mecklenburg, <i>Virginia Mason Medical Center</i> Terry Rogers, <i>Foundation for Health Care Quality</i> John Sobeck, <i>Cigna Health Care</i> Jonathan Sugarman, <i>Qualis Health (phone)</i> Lynette Wachholz, <i>The Everett Clinic</i>
Committee Members Absent:	Christopher Dale, <i>Swedish Health Services</i> Gary Knox, <i>Rockwood Clinic</i> Randal Moseley, <i>Confluence Health</i> Hugh Straley, <i>The Bree Collaborative</i>
Staff and Guests Present:	Susie Dade, <i>Washington Health Alliance</i> Teresa Litton, <i>Washington Health Alliance</i> Mary Kemhus, <i>Novartis</i> Michelle Martin, <i>Polyclinic</i> Sue Miller, <i>Astellas</i> Kim Orchard, <i>CHI Franciscan Health System</i>

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

Dr. McGough welcomed everyone and the QIC members reviewed the February 2016 meeting summary, which was approved as presented.

- **ACTION: Approval of February 2016 meeting summary**

Members then voted and endorsed Daniel Kent, MD, Chief Medical Officer, UnitedHealthcare Community Plan as a potential new member.

WHAT ARE YOUR TOP 3 PRIORITIES FOR 2016?

This agenda item was devoted to learning from each other and identifying any similarities and differences across groups. This is the second time that the QIC has had members present on this topic and provides an opportunity to better understand the competing demands everyone is juggling. The discussion included short presentations from:

1. Terry Rogers, *Foundation for Healthcare Quality*
2. Michelle Matin, *Polyclinic*
3. Kimberly Orchard, *CHI Franciscan Health System*
4. Bob Mecklenburg, *Virginia Mason*

PROPOSED CHANGES TO CHOOSING WISELY MEASUREMENT

The majority of the meeting was devoted to proposed changes to how the Alliance processes Choosing Wisely measures. To date, the Alliance has developed and implemented “homegrown” Choosing Wisely measures internally with the involvement of the Choosing Wisely Task Force. The proposed change for future implementation is to utilize Choosing Wisely-related measures that are included in the Milliman MedInsight Health Waste Calculator. In brief, the rationale for this change is to more efficiently use limited Alliance analytical resources and to rapidly expand the number of measures available to the Alliance and the community via public reporting.

Ms. Dade provided an overview on the background, rationale, proposal under consideration, and then answered clarifying questions. Milliman staff then presented an overview of what is currently included in the Medinsight Health Waste Calculator product as well as plans for future measurement. The group also discussed what level of measure technical specifications would be publicly available versus available for Alliance members and Choosing Wisely Task Force members. The main concerns raised were around the following issues (the Alliance’s response is included in italics):

- Discomfort and/or disagreement with using the word “waste” to characterize health care that is low value (or is likely low value) and the impact this terminology may have on provider engagement.
 - *We are aware of and share concerns expressed by providers and the ABIM Foundation regarding use of the term “waste,” understanding that it may have a disengaging effect. However, it is also true that the term “waste” is commonly used and preferred by many health plans and purchasers – and even some providers. Although any reports that feature data/results that are based on the “Calculator” will carry the MedInsight Health Waste Calculator logo, the messaging/narrative will be up to the Alliance and/or Choosing Wisely Task Force. We may choose not to characterize the findings as “waste” or emphasize that terminology.*
- Disagreement with some of the measure criteria/exclusions, noting that they may inaccurately characterize care as either “necessary” or “wasteful.”
 - *It will be impossible to gain 100% consensus on a perfect measure. This tool provides us with a pragmatic approach to bring scale and scope to our work while enabling us to*

compare our state's performance to other states and national benchmarks. Moreover, we have been invited by Milliman to participate in both prioritizing future areas for measurement development and to participate in a peer review process focused on the measure specifications. We can have influence if we choose to and devote the time to doing so.

- How results might be used sometime in the future and whether they may or may not be tied to provider payment/incentives.
 - *At this time, the plan is to continue calculating results at a population level (e.g., county) as we do now. We will have more dialogue about whether and how to produce results at a provider level (e.g., medical group or hospital) in the future.*
- Proprietary measure specifications that will be available at no charge to Alliance members and Choosing Wisely Task Force members, but will not be available to the general public for free.
 - *Many measures of health care quality/value in common use today are proprietary with general information available publicly and detailed information available through purchased licensing. NCQA HEDIS is the best example here. Milliman has offered to make measure specifications along with standard code references available at no charge to current members of the Washington Health Alliance and the Choosing Wisely Task Force for programming use within their own organizations. This is an offer rarely made by other measure stewards, such as NCQA.*

At the end of the discussion, the QIC was asked if there were any concerns significant enough to not move forward with the proposal as presented. The QIC members did not mention any significant concern, saying the benefits outweigh concerns. The QIC then responded positively about recommending this product for future Choosing Wisely measurement.

STAFF ANNOUNCEMENT

Ms. Dade announced that Ms. Litton has recently accepted a position at the National Association of ACOs, with her last day at the Alliance on April 1st.

UPCOMING QIC MEETING

- **May 12, 2016, 2:00-4:00 pm at the Alliance**
- **(The April meeting is canceled)**