

## Quality Improvement Committee (QIC)

Thursday, April 11, 2019

**Committee Members Present:** David Buchholz, *Premera Blue Cross*  
Sharon Eloranta, *CHI Franciscan Health*  
Nancy Fisher, *Region 8, 9 & 10, CMS*  
Bruce Gregg, *MultiCare Health System* (phone)  
Matt Handley, *Kaiser Permanente Washington*  
Dan Kent, *UnitedHealthcare Community Plan* (Chair)  
Bob Mecklenburg, *Virginia Mason Medical Center*  
Randal Moseley, *Confluence Health*  
John Sobeck, *Cigna* (phone)  
Julie Stroud, *Northwest Physicians Network*  
John Vassall, *Qualis Health*  
Judy Zerzan, *WA State Health Care Authority* (phone)

**Committee Members Absent:** Lydia Bartholomew, *Aetna*  
Mary Anderson, *The Polyclinic*  
Peter Dunbar, *Foundation for Health Care Quality*  
Frances Gough, *Molina Health Care*  
Kim Herner, *Valley Medical Center*  
Gary Knox, *MultiCare Rockwood Clinic*  
Michael Myint, *Swedish Health Services*  
Drew Oliveira, *Regence Blue Shield*  
Terry Rogers, *Emeritus member (ex-officio)*  
Hugh Straley, *The Robert Bree Collaborative*  
Lynette Wachholz, *The Everett Clinic*

**Staff Present:** Susie Dade, *Washington Health Alliance*  
Nancy Giunto, *Washington Health Alliance*  
Mark Pregler, *Washington Health Alliance*

**Guests:** Ed Cardoza, *Novo Nordisk*  
Lisa Chenevert, MD, *Aetna* (phone), attending for Lydia Bartholomew  
Marvin Eng, *Office of Congressman Adam Smith*

### **INTRODUCTIONS, APPROVAL OF MEETING MINUTES, NEW MEMBER RECOMMENDATIONS**

**ACTION** - The QIC reviewed and approved the QIC meeting minutes from February 14, 2019.

**ACTION** – The QIC reviewed and recommended approval of two new members of the Quality Improvement Committee:

- Darcy Jaffe, ARNP, Senior Vice President for Safety and Quality, Washington State Hospital Association
- Matthew Jaffy, MD, Association Medical Director, UW Neighborhood Clinics (replaces Janet Piehl, MD)

### **Price Variation in Washington & Washington Health Alliance Reporting**

Ms. Dade provided an overview of results from two new pricing reports released by the Washington Health Alliance in March 2019. Ms. Dade then invited to QIC to discuss new ideas for future pricing reports, using available pricing data for the commercially insured population. The group discussed multiple ideas, including the following (see below); specific prioritized recommendations did not emerge from the discussion. The QIC felt it would be very important to hear the priorities of health care purchasers. Ms. Dade noted that the Alliance's Purchaser Affinity Group would undertake this same discussion at their upcoming May 2019 meeting.

#### 1. Site of Service

Analyze price variation for the same visit types or procedures when care is delivered in different sites of service (e.g., primary office visit/urgent care visit/ER visit OR knee replacement surgery in ambulatory surgery center versus inpatient)

#### 2. Total Cost of Healthcare

Measure total cost and per capita cost of health care by these two areas, noting that eventually, our analysis will have to include all segments/units of analysis in order to provide a complete picture

- Delivery system, by attributed covered population
- Geographic area

#### 3. Price Variation

- Measure/report price levels within and between consolidated provider systems; compare/contrast with the remaining independents
- Produce a new variation of this report that incorporates results that are organized by medical group (rather than hospital)
- Differences in costs for ER care by facility (i.e., average cost for visit by Dx by facility)

#### 4. Aligning Price and Quality into a Single Report

- Update Alliance's Hospital Value Report to use Commercial Allowed Charge index (*instead of Medicare Gross Charge Index*)
- Create a Medical Group Value Report that includes attributed per capita cost of care\*

#### 5. Spending Trend Analysis

- Broaden to include hospital outpatient, ambulatory care, etc.  
(*this requires the Alliance to gain access to an episode grouper or alternate service summary technique*)
- Analysis of global spending by HSA area in Washington, with drill-down on components

### **Community Checkup: Quality Measure Review**

Ms. Dade noted that one of the primary purposes of the QIC is to advise the Alliance on the quality measures that are featured in our reports and on the Community Checkup website. Two areas of measurement are in need of review and, possibly, updating. These two areas include (1) inpatient quality, and (2) potentially avoidable ER visits.

#### **Inpatient Quality Measures**

The Community Checkup currently includes 27 measures for hospital inpatient quality. Ten of these measures are part of the WA State Common Measure Set (and we need to keep these). Seventeen measures were selected by the QIC and these measures were last reviewed in 2015. It was noted that most results are sourced from the Washington State Hospital Association and/or Hospital Compare, although the Alliance does produce results for two measures from its All Payer Claims Database.

The QIC had a brief discussion of the currently approved measures and suggested that a smaller workgroup of members (with inpatient quality expertise) review the list in detail and bring back specific recommendations. These topic areas were suggested for further discussion:

- Consider adding:
  - Sepsis
  - Separate components of the AHRQ safety composite measure
  - Post-partum hemorrhage and maternal morbidity
  - Blood utilization
  - Quality measure results for ambulatory surgery centers (data source?)
- Consider removing:
  - Early Elective Deliveries

The QIC recommended (at least) the following individuals for the Hospital Quality Measure workgroup: Drs. Mike Myint (Swedish), Sharon Eloranta (CHI Franciscan), and Darcy Jaffe (WSHA)

### **Potentially Avoidable ER Visits**

The Washington Health Alliance is the measure steward for the potentially avoidable ER visit measure. This measure was last updated in 2017.

The QIC had a brief discussion of the currently approved measure and suggested that a smaller workgroup of members, including both clinical and coding experts, review the ICD-10 codes included in the numerator and bring back specific recommendations. The group emphasized the importance of keeping this measure conservative, i.e., include only those Dx codes that should never require ER care.

The group suggested giving consideration to:

- Dermatitis
- Cough
- Chronic hearing loss
- Exposure to . . . (e.g., measles, flu)
- Worried well ICD-10 (e.g., fussy baby)

**The next QIC meeting will be Thursday, June 13, 2019 from 2:00 – 4:00 at the Alliance.**