

Quality Improvement Committee (QIC)

Thursday, April 13, 2017

MEETING SUMMARY

Committee Members Present:

Lydia Bartholomew, *Aetna*
David Buchholz, *Premera Blue Cross*
Peter Dunbar, *Foundation for Health Care Quality*
Frances Gough, *Molina Health Care (phone)*
Matt Handley, *Kaiser Permanente*
Dan Kent, *UnitedHealthcare (Chair)*
Scott Kronlund, *Northwest Physicians Network (phone)*
Pat Kulpa, *Regence Blue Shield*
Bob Mecklenburg, *Virginia Mason Medical Center*
Terry Rogers, *retired (phone)*
John Sobeck, *Cigna*
Hugh Straley, *The Robert Bree Collaborative*

Committee Members Absent:

Christopher Dale, *Swedish Health Services*
Nancy Fisher, *Region X, Centers for Medicare & Medicaid Services*
Bruce Gregg, *MultiCare Health System*
Gary Knox, *Rockwood Clinic*
Dan Lessler, *WA State Health Care Authority*
Peter McGough, *UW Medicine*
Randal Moseley, *Confluence Health*
Janet Piehl, *UW Medicine*
Jonathan Sugarman, *Qualis Health*
Hugh Straley, *The Robert Bree Collaborative*
Lynette Wachholz, *The Everett Clinic*

Staff and Guests Present:

Mary Anderson, *The PolyClinic (phone)*
Katharine Bradley, *KP WA Health Research Institute (phone)*
Casey Calamusa, *Washington Health Alliance*
Susie Dade, *Washington Health Alliance*
Nancy Guinto, *Washington Health Alliance*
Sakshi Jain, *Washington Health Alliance*
Laurie Kavanagh, *Washington Health Alliance*
Sue Miller, *Astellas (phone)*
Dan Monahan, *Novartis*
Andrea Ramirez, *Swedish Health Services (for Chris Dale)*
Amy Jo Stolmeier, *Loft 9 Consulting*

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

Chair Dr. Dan Kent opened the meeting by welcoming everyone. Members approved the March 2017 meeting summary as presented. Dr. Kent shared member transitions: Dr. Ray Baker has resigned from the QIC as he prepares to relocate to California and Dr. Michelle Matin has stepped down due to changing roles at The Polyclinic.

- **ACTION: Approval of March 2017 meeting summary.**

INPUT AND GUIDANCE: SHOULD THE ALLIANCE PRESERVE ACCESS TO AHRQ QI MEDICARE INPATIENT METRICS?

Mr. Andrianos shared example results for risk-adjusted clinical outcome measures from AHRQ for 88 hospitals in Washington state. The measure sets included are inpatient quality indicators (IQIs) mortality and patient safety indicators (PSIs) adverse event rates. He presented how the Alliance has used the data in the past and how the Alliance might use it to assess value in the future. After discussing the measures, members confirmed that they are reasonable and credible for the Alliance's use in assessing quality and value. Members recommended that Alliance staff purchase the most current data and return to the QIC with use cases. It was suggested that the Alliance consider grouping hospital results by integrated delivery system to highlight the variability within systems as well as across systems or, alternatively, writing one or more Community Checkup Highlights about results associated with specific measures.

2017-2018 PATIENT EXPERIENCE SURVEY

Ms. Dade provided an update on the proposed patient experience survey process, supplemental question options, and the expanded geographical representation to include 39 counties. There are three new things in 2017: Email survey first to those for whom we have email addresses; option of responding online or on paper; Spanish version of survey available online (mail-based only in English). QIC members noted that studies have shown that participants taking online surveys tend to be more negative than those taking paper surveys.

The survey will be fielded later in 2017 with results during 1st quarter of 2018. Staff presented several recommendations to the QIC which are outlined below along with the QIC's action(s).

A. The QIC was asked whether the Alliance should add the following PMCC-recommended series of questions from the Veterans Administration's Survey of Health Experiences of Patients (VA-SHEP) to its 2017 patient experience survey?

- How often did you have a drink containing alcohol in the past 12 months? Consider a drink to be a can or bottle of beer, a glass of wine, a wine cooler, or one cocktail or a shot of hard liquor (like scotch, gin or vodka).
- How many drinks containing alcohol did you have on a typical day when you were drinking in the last year?
- How often did you have 6 or more drinks on one occasion in the past 12 months?
- In the past 12 months has a doctor or other health care provider advised you about your drinking (to drink less or not to drink alcohol)?

QIC Action: Approved. Eliminate the question about alcohol use or drug use used in the 2015 patient experience survey.

Discussion: Katharine Bradley, Senior Investigator, Kaiser Permanente Washington Health Research Institute, attended the meeting by phone to respond to member questions. She shared that the VA has used this series of questions since 2004 and addressed member concern about skip logic and threshold for the last question in the series.

B. Ms. Dade reviewed a lengthy list of *potential* supplemental questions to add to the CG-CAHPS Core Survey. The QIC was asked to identify those supplemental questions they felt were most important to add.

QIC Action: Approved the following supplemental questions (in addition to the four VA-SHEP questions listed above in #1) for use in the 2017 patient experience survey:

(Note the boxes demonstrate questions that go together, with the first being a screening question and the second the scoring question)

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| <ol style="list-style-type: none">1. In the last 12 months, did you visit a hospital emergency room or emergency department for care you needed right away? (Yes/No)2. In the last 12 months, were any of those emergency room or emergency department visits because you could not get the care you needed from this provider's office? (Yes/No) |
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3. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health? (Yes/No)
 4. In the last 12 months, did you and this provider talk about a healthy diet and healthy eating habits? (Yes definitely, Yes somewhat, No)
 5. In the last 12 months, did you and this provider talk about the exercise or physical activity you get? (Yes definitely, Yes somewhat, No)

6. Do you now smoke cigarettes, vape or use tobacco or nicotine products every day, some days or not at all? (Yes every day, Yes some days, Not at all)
7. In the last 12 months, how often were you advised to quit smoking or using tobacco or nicotine products by this provider? (Never, Sometimes, Usually, Always)
8. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health? (Yes/No)
9. In the last 12 months, did this provider ever ask you whether there was a period of time when you felt sad, empty or depressed? (Yes/No)
10. In the last 12 months, did your provider or someone in your provider's office start a discussion with you about the cost of your care? (Yes/No)
11. In the last 12 months, did you ask your provider or someone in this provider's office how much you would have to pay for a health care service? (Yes/No)
12. In the last 12 months, how often were you able to find out from someone in this provider's office how much you would have to pay for a health care service? (Never, Sometimes, Usually, Always)
13. Some offices remind patients between visits about tests, treatments or appointments. In the last 12 months, did you get any reminders from this provider's office between visits? (Yes/No)
14. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine? (Yes/No)
15. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you? (Yes/No)
16. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem? (Yes/No)
17. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists? (Never, Sometimes, Usually, Always)
18. Providers may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 12 months, did this provider use a computer or handheld device during any of your visits? (Yes/No)
19. During your visits in the last 12 months, did this provider's use of a computer or handheld device make it harder or easier for you to talk with him or her? (Harder, Not harder or easier, Easier)

The next QIC meeting will be Thursday, May 11, 2:00 – 4:00 at the Alliance.