

Washington Health Alliance
Quality Improvement Committee
July 9, 2015

MEETING SUMMARY

Committee Members Present: Peter McGough, *UW Medicine (Chair)*
Christopher Dale, *Swedish Health Services*
Bruce Gregg, *MultiCare Health System (phone)*
Matt Handley, *Group Health Cooperative*
Dan Kent, *Premera Blue Cross*
Dan Lessler, *WA State Health Care Authority*
Scott Kronlund, *Northwest Physicians Network*
Pat Kulpa, *Regence Blue Shield*
Bob Mecklenburg, *Virginia Mason Medical Center*
Terry Rogers, *Foundation for Health Care Quality*
John Sobeck, *Cigna Health Care (phone)*
Hugh Straley, *The Bree Collaborative*
Jonathan Sugarman, *Qualis Health*
Michael Tronolone, *The Polyclinic*

Committee Members Absent: Lydia Bartholomew, *Aetna*
Nancy Fisher, *Centers for Medicare & Medicaid Services*
Kathy Lofy, *WA State Department of Health*
Francis Mercado, *Franciscan Health System*

Staff and Guests Present: Susie Dade, *Washington Health Alliance*
Teresa Litton, *Washington Health Alliance*
Nancy Giunto, *Washington Health Alliance*
Aaron Starr, *Washington Health Alliance*
Jim Andrianos, *Calculated Risk*
Ken Fernando, *Merck*
Sue Miller, *Astellas*

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

Dr. McGough welcomed everyone. QIC members reviewed and approved the May 2015 meeting summary.

- **ACTION:** Approval of May 2015 meeting summary

DEMONSTRATION: PREFERENCE-WEIGHTED COMPOSITE PERFORMANCE SCORING

Mr. Andrianos provided an overview and demonstration of a prototype method for purchasers and/or consumers designed to enable them to create preference-weighted composite scores for performance measures.

Using recent Community Checkup data, Mr. Andrianos illustrated the preference weighted composite score tool by using different preference examples (using two fictitious people) that individually weighted a collection of quality domains, resulting in a summary of medical group rankings that are tailored to each of them. For a hospital example, Mr. Andrianos added financial data to the quality domains to illustrate the ability of the tool to look at value preferences.

QIC members provided feedback on the tool, including the following:

- Members expressed overall interest in and excitement about the tool.
 - The tool offers a great way to engage and educate purchasers and consumers about different domains in quality and/or value. It was noted that the prototype is similar to (although better than) the Healthwise shared decision-making tool.
 - The tool is useful to help purchasers and consumers make sense out of a large number of measures across different domains (quality, price, patient experience, etc.) by applying their own preferences.
 - The tool creates a “defensible” ranking of delivery system organizations based on the user’s preferences and is preferable to a static ranking where everything is weighted evenly or weighted in a way that is not transparent to the user.
 - We may wish to consider whether there is a way to add in “impact on quality” to weight different measures within the tool (e.g., impact of cervical cancer screening versus colorectal cancer screening).
 - The tool may be less useful for hospitals where physician recommendation (i.e., where physicians have privileges) and location matter most.
 - It will be very important to make sure that the data used in the tool is as current and accurate as possible.
- Members also reflected on the following:
 - How do we decide what are meaningful domains to be included in the tool? There would need to be agreement on which measures and domains are used.
 - Sample size could have an impact—small groups (with fewer publicly reportable results) may not be represented as well in this tool.
 - Methodology is good but how you roll it out may make a big impact. Explanatory and contextual language will need to be very clear.
 - It is easy to see a “use case” for purchasers; however, there is some concern about consumers who may not understand the specific measures.
 - If the tool is deployed, it would be interesting to track over time:
 - Use and completion rate
 - Whether the tool influenced user choice and, if so, how
 - Suggestions for improving the tool’s usability

REFLECTION: ROLE AND ACTIVITIES OF QUALITY IMPROVEMENT COMMITTEE

Ms. Dade provided background on the origination of the committee and changes in member representation over the years. Ms. Dade also presented an assessment of all of the discussion and action items taken before the QIC in the past 18 months. Ms. Dade then opened the group

discussion by asking if these past items represent the right priorities for the group going forward, as well as to consider if anyone is missing from the membership list.

The following summarizes the highlights of the QIC discussion:

- Measurement and Reporting
 - QIC has done good work to shape the Alliance’s quality measurement and reporting activity, including launching the patient experience survey and linking quality to other measurement components such as resource use and pricing.
 - Future measurement and reporting needs to incorporate “effectiveness” and outcomes which will include both clinical (EHR) and patient-reported (functional status) information.
 - Need to better understand the impact of measurement and reporting and use feedback to improve the way it’s done. Look to other states to understand how they evaluate impact.
- Performance Improvement
 - Make sure the work stays aligned with and supports Healthier Washington, including the Accountable Communities of Health and the Practice Transformation Hub.
 - Connect more to The Bree Collaborative. Translate recommendations into measures whenever possible and support implementation efforts.
 - Understand performance improvement priorities across stakeholder organizations and use to inform the strategic priorities of the Alliance.
 - Re-explore the role of “convening the effectors.” In other words, can the Alliance play a convening/aligning role among the various organizations that are playing a *hands-on* role in delivery system performance improvement. It was noted that the Alliance has played this convening role in the past and the effort was not that successful as the various organizations were not strongly interested in aligning effort. But times have changed and it may be worth re-instituting the role.
- QIC Membership
 - Suggested members from:
 - Rockwood, Confluence Health, PeaceHealth, Family Care Network and other large medical groups/delivery systems outside the central Puget Sound area
 - Patient advocate
 - Care management

Ms. Dade ended the discussion by thanking everyone for their feedback and ideas. Ms. Dade also announced that after ten years of staffing the QIC, she will be passing on the role to Ms. Litton.

QUICK UPDATES

- **Hospital measures:** Ms. Litton provided a copy of the final hospital measure recommendations that the QIC electronically voted on and approved in between the May and July meetings.
- **State Common Measure Set on Healthcare Quality and Cost:** Ms. Dade provided a status update on the common measure set that will be aligned with the Community Checkup beginning this fall. The Alliance is continuing to play a leadership role in the ongoing convening of key stakeholders and updating of the common measures.
- **AHRQ shared decision making workshop:** Ms. Litton shared information about a potential new opportunity to sponsor an AHRQ workshop, including aligning with the work

underway at the state (certifying shared decision aids). The QIC expressed interest and value in making this resource available and in aligning with the state's efforts.

- **Disparities in care provider meeting:** Ms. Litton provided a “save the date” for the next provider meeting (*September 11, 10-12pm, Cambia Grove*) which will include privately shared clinic level disparities in care results as well as to see if the members have any recommendations for health plans who may be interested in sharing about what they're doing to understand and address disparities in care.

NEXT STEPS

- The next QIC meeting is on September 10, 2015 from 2:00 – 4:00 pm at the Alliance.
- *NOTE: There will not be a QIC meeting in August.*