Quality Improvement Committee

Thursday, July 14, 2016

MEETING SUMMARY

Committee Members Present:	Lydia Bartholomew, *Aetna (phone)* Bruce Gregg, *MultiCare Health System (phone)* Matt Handley, *Group Health Cooperative* Dan Kent, *UnitedHealthcare (phone)* Scott Kronlund, *Northwest Physicians Network* Pat Kulpa, *Regence Blue Shield* Peter McGough, *UW Medicine (Chair)* Michelle Matin, *Polyclinic* Bob Mecklenburg, *Virginia Mason Medical Center* Randal Moseley, *Confluence Health* Kim Orchard, *CHI Franciscan Health System* John Sobeck, *Cigna Health Care* Jonathan Sugarman, *Qualis Health* Lynette Wachholz, *The Everett Clinic*
Committee Members Absent:	David Buchholz, *Premera Blue Cross* Christopher Dale, *Swedish Health Services* Nancy Fisher, *Centers for Medicare & Medicaid Services* Gary Knox, *Rockwood Clinic* Dan Lessler, *WA State Health Care Authority* Terry Rogers, *Foundation for Health Care Quality (retired)* Hugh Straley, *The Bree Collaborative*
Staff and Guests Present:	Paula Lozano, *Group Health Research Institute* Susie Dade, Washington Health Alliance Ginny Weir, Bree Collaborative Laurie Kavanagh, Washington Health Alliance Claire Allen for Christopher Dale, *Swedish Health Services*

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

Dr. McGough welcomed everyone.

OVERUSE OF ANTIPSYCHOTICS

Dr. Paula Lozano, Senior Investigator with the Group Health Research Institute, presented an overview of the current work of the Bree Collaborative Workgroup on Pediatric Antipsychotic Use. Dr. Lozano presented background information and a summary of the problem being addressed, primarily off-label use of antipsychotics in youth (especially to reduce aggressive and impulse behaviors). Over-prescribing appears to be a particular problem among children in foster care. Dr. Lozano discussed the findings from their literature review and then went through the early draft material of recommendations being developed for key stakeholders. The work is primarily focusing in five areas:

1. Comprehensive medical evaluation to rule out other conditions that may be causing the behaviors
2. Use of psychosocial interventions (as a front-line intervention) that are appropriate and shown to be effective with these particular behaviors
3. Careful consideration of the use of antipsychotics, including known harms and benefits, with use of the "Partnership Access Line," a consultative service offered by Seattle Children's
4. Monitoring side effects and effectiveness over time – children on antipsychotics need to be carefully monitored for metabolic derangements, obesity, suicidality and neurological effects.
5. Supporting children in the school setting

Quality Improvement Committee members and Dr. Lozano had an engaged discussion and members provided feedback and suggestions on the Workgroup's draft recommendations, summarized here:

- Recommendations re: Parents/Caregivers:
    - Parents/caregivers may need to be coached on exactly what questions they should ask their child's provider to make sure they are focusing on important topics.
    - Parents/caregivers need to be encouraged to consider the potential HARMS when considering the medications, not just the benefits. The QIC recommended use of the word "harm" to gain the attention of parents/caregivers.
- Recommendations re: Providers:
    - The State should be doing more surveillance to better understand who is prescribing antipsychotics to youth. It may be that a small number of providers that are doing a majority of the prescribing. This would help to target quality improvement efforts.
    - We may need to consider an ECHO-like intervention (i.e. tele-conferences with case presentations) for this area of care, as many PCPs are reluctant to do these types of evaluations feeling as though they may not have sufficient expertise.
    - The State, through the HCA and/or the Bree Collaborative, should focus on standardizing the indications for antipsychotic prescribing to youth, aligning different specialty guidelines as much as possible.

- Recommendations for Payers:
    - Ensure adequate payment for behavioral health consultation for family practice and pediatric providers (doc-to-doc consultation).

CALL TO ACTION DISCUSSION – REDUCING PRESCRIBING OF OPIOIDS

The QIC members reviewed suggestions to reduce opioid prescribing in Washington made during a brain storming session at the June 2016 meeting. QIC members focused on the following topics and asked staff to draft specific language around each for finalizing at the upcoming September QIC meeting:

1. The Alliance and the Bree Collaborate are encouraged to jointly develop and publish a "call to action" that will be brief and in the form of an info-graphic that may be used with different audiences. Dr. Gary Franklin will be a tremendous resource. Dr. McGough also suggested Dr. David Tauben from the UW Division of Pain Medicine as a content expert.
    a. Call to action should also include medical and dental associations, including surgical subspecialties (e.g., Ortho, Podiatry, ENT).
2. Health Plans will be encouraged to:
    a. Include use of prescribing guidelines in provider contracting. Focus on the "vital few" guidelines. The QIC suggested that these may be: number of days of prescribed medications, particularly for people under age 21; consideration of morphine equivalent dosages; and ensuring non-opioid alternatives are considered.
    b. Use health plan data to do two things:
        i. identify high utilizers that may be potentially shopping for opioid prescriptions; notify providers of these high utilizers (i.e., opioid prescriptions from more than one provider); and,
        ii. look at variation among prescribing providers to identify any patterns of potential overprescribing.
3. Providers will be asked to commit to the following:
    a. Health systems should register for the Prescription Drug Monitoring Program (PDMP) so that any member of the clinical team is able to check the PDMP before prescribing controlled substances for non-acute conditions.
    b. Utilize EHR clinical decision support tools to remind providers of best practice care under certain circumstances, e.g., no more than 7 days for first prescription for adults or any prescription for children; or, referral to a pain specialist if more than 90 MED/day is being prescribed.
4. Washington state is encouraged to link provider prescribing data with who is utilizing the PDMP to determine opportunities for improvement.

2016 eValue8 RESULTS

Susie Dade presented a preview of the 2016 eValue8 results for Aetna, Cigna, Group Health (HMO and PPO), Regence Blue Shield and UnitedHealthcare. The Alliance will be publishing a report this month with the full eValue8 results.

UPCOMING QIC MEETINGS

- **September 8, 2:00-4:00 pm at the Alliance**