

## Meeting Summary

Thursday, August 11, 2022 (Meeting held virtually)

**Members Present:** Steve Jacobson, Premera (Chair)  
Rick Hourigan, Cigna (Vice-Chair)  
Mary Anderson, The Polyclinic  
Lydia Bartholomew, Aetna  
Kavita Chawla, Virginia Mason Franciscan Health  
Frances Gough, Molina Healthcare  
Kim Herner, UW Valley Medical Center  
Matt Jaffy, UW Neighborhood Clinics  
Dan Lessler, Comagine  
Cat Mazzawy, WSHA  
Wayne Rawlins, WellSpark Health  
Michael Shannon, Multicare  
Hugh Straley, Bree Collaborative  
Ashby Wolfe, CMS  
Judy Zerzan-Thul, HCA

**Guests:** Amy Florence, Premera  
Kate McLean, Quilted Health  
Dan Monahan, Novartis  
Shirley Quach, Novartis

**Staff Present:** Teresa Battels, Ellen Chatel, Sharon Eloranta, Denise Giambalvo, Nick Rondinone, Jim Andrianos

### Introductions, approval of meeting minutes

Members introduced themselves and we welcomed our guests; reviewed agenda.

### Actions

The QIC meeting summary from June 2022 was approved with no changes; the committee also approved the advancement of prospective QIC member Ashby Wolfe to the Board for final approval.

### Diversity, Equity and Inclusion: building our culture

Sharon reviewed the work done in this area over the past several months and asked for volunteers to serve on a workgroup to determine how the QIC can meaningfully address DEI.

Volunteers are: Cat Mazzawy, Hugh Straley, Matt Jaffy, Wayne Rawlins and Kim Herner. More may be added upon request.

### Update from QIC Chair and Co-chair

Steve Jacobson and Rick Hourigan summarized the final findings of their one-on-one meetings with the QIC membership. These may be found in more detail in the summary created by Nick Rondinone, but are in brief:

- 1) There is agreement to re-do the QIC purpose statement
- 2) WHA should expand to include Medicare data in its metrics
- 3) Identify and discuss approaches for improvement
- 4) Be ambitious in improvement
- 5) Increase impact in the Medicaid space
- 6) Choose yearly quality improvement "big audacious goal"
- 7) Discuss/identify why WHA measures what it does: just to measure or to make an impact?
- 8) Re frequency and length of meetings: generally okay, need to leave time for dialogue; desire to meet in person 2x/year for four hours
- 9) Many topics are of interest, particularly DEI with specific mention of the BCBSMA talk
- 10) Benefits of QIC membership include peer interaction and things to take back/share

### Topped-out Measures Discussion

Kim Herner (UW Valley MC) described her experience with some community checkup metrics being used to differentiate performance and to rate/rank medical groups. She noted finding several metrics where average performance is above 90%, and in some cases approaching 100%, but we still divide these into deciles and apply rankings/ratings. These don't help with differentiation although could be used to monitor/show sustainment.

Jim Andrianos then went through a presentation showing several of these metrics and an approach to resolve the issue: continue to report, but don't show 95% confidence intervals or color/shape coding to denote better or worse performance. He also started the conversation around the ability to apply the ADI information when available to help assure that no population is "left out" of apparently great performance due to SDOH.

There was good dialogue, including an invitation for WHA to come to the regional CMS office to discuss metrics, especially once the ADI information is in. We also discussed approaches at the state (and other states' levels) and noted, among other elements, that sometimes the 90<sup>th</sup> percentile may actually not be all that good. Perhaps think about "credit" for improvement, rather than just for achievement (like CMS does in some of its programs).

Rick H proposed that he and Steve would take this offline and potentially pull together a workgroup – eventually come up with a list of metrics to be retired. In the interim, there was support for Jim/Mark's suggestion to continue to report/don't show color/shape coding and C.I., but there was no formal movement/second/approval.

### Community Checkup Measures Discussion

Sharon reviewed the QIC's prior conversation regarding Community Checkup measures for which statewide WHA performance has fallen below the national NCQA 25<sup>th</sup> percentile over several years – and our intent to determine what can be done to improve. Four metrics (HbA1c testing, cervical cancer screening, chlamydia screening and well-child visits between 0 -15 months) were identified at the June meeting. Sharon created a matrix asking QIC members to rank these metrics by four attributes (clinical importance, prevalence in population, feasibility of improvement, and equity aspects) and shared the results at the August meeting.

Discussion of the matrix results included a reminder that there are new specifications for the WCC metric (it is now WCC visits 0 – 30 mos with 2 rates reported: 0-15 and 16-30 months); cervical cancer screening can be influenced by coding issues and could be an “easy win”; should we look at HbA1c control rather than screening (we don't yet have that data in WHA results but may have it soon). The group eventually nominated CCS and WCC 0 – 15 months due to their higher scores, especially in the equity aspect category. There was a motion, second and vote, and the decision was made to focus our 2023 efforts on those 2 metrics.

### Open Information Exchange/Journal Club

Shirley Quach of Novartis provided an informational presentation on the importance of cholesterol management in the treatment of atherosclerotic cardiovascular disease. Attendees requested more information about the equity aspects of drug costs and also about non-pharmacological management of hypercholesterolemia. Sharon will reach out to Shirley with these requests, aiming for a follow up presentation in 2023.

Dan Lessler then presented the article “Peers, Professionalism, and Improvement — Reframing the Quality Question” by Lisa Rosenbaum, M.D. This article discusses the lessons learned about physician professionalism during COVID -19 and poses questions about the role(s) of metrics, incentives and how professionalism may be supported to be an intrinsic motivator of high quality care. There was a lively discussion.

The meeting was then adjourned by Steve.

**2022 meeting dates: 2:00 – 4:00pm 2<sup>nd</sup> Thursday of every other month:**

- February 10
- April 14
- June 9

## Quality Improvement Committee (QIC)



- August 11
- October 13
- December 8