Quality Improvement Committee

Thursday, September 8, 2016

MEETING SUMMARY

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

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

Acting Chair Dr. Handley welcomed everyone and the Quality Improvement Committee (QIC) members reviewed the July 2016 meeting summary, which was approved as presented. The QIC members endorsed proposed new QIC Chair Kim Orchard and new members, Drs. Peter Dunbar and Frances Gough.

- **ACTION: Approval of July 2016 meeting summary and endorsement of Kim Orchard as Chair and Peter Dunbar and Frances Gough as new members.**

Different Regions, Different Care

Ms. Dade presented a proposal for how to approach the 2017 version of the Alliance's ***Different Regions, Different Care*** report. In 2016, this report included information on variation in procedure rates based on where people live in Washington state. In 2017, the Alliance would like to build off data from the 2016 report and answer the question, *"Which provider organizations delivered the services described in the 2016 report?"* noting that the initial focus will be on procedures related to Ortho-Neuro, OB-Gyn and bariatric surgery. Ms. Dade described the target audiences for the results, including purchasers, plans and provider organizations, noting that the goals will be to (1) measure and demonstrate variation and potential overuse, and (2) identify potential overuse at particular provider organizations. Ms. Dade went through a proposed methodology to produce results. She also described several reasons why a provider organization may show utilization anomalies, including:

1. Has practice culture of providing excessive care not aligned with evidence and/or appropriateness criteria
2. Draws patients from local population with higher illness burden
3. Specializes in treating patients with higher illness burden
4. Is one of few practices for patients needing this service (linked to network adequacy)
5. Has successfully marketed itself to the local population, leading patients to choose it
6. Benefit design/coverage of the service

QIC members and Ms. Dade had an engaging discussion and members provided feedback and suggestions on the proposed approach, summarized here:

1. Show results broken out for Commercial, Medicaid and All-Payer.
2. Provide a clear mapping of where specific high use communities are going for their care.
3. Consider adjusting for the number of providers in the medical group as large groups will have larger overall volumes than small groups.
4. If possible, complement the data with results generated via a primary care attribution model in order to demonstrate referral patterns to specialist groups.
5. Investigate the possibility of specialty attribution, looking at Massachusetts method, e.g., if you got surgery, you're attributed; if you had two or more visits with a specialist, you're attributed.

6. Must be very careful about how results are used; results shouldn't be made broadly available to the public due to complexity and how easy it would be to misinterpret them. Target the distribution of report data and include careful explanation of the information.

The discussion was concluded with one QIC member noting, "this is really important work so please do something . . . don't abandon the effort."

"CALL TO ACTION" LANGUAGE TO REDUCE THE PRESCRIBING OF OPIOIDS IN WASHINGTON STATE

Ms. Kavanagh provided an update on the QIC member-proposed language to reduce opioid prescribing. She presented the QIC's five recommendations, which are outlined below along with the Members' action(s) and clarifications. Members made two main points to apply to the entire call to action:

- Follow CDC, not AMDG guidelines.
    - *Note: The Bree - Opioid Implementation Workgroup is using the AMDG guidelines.*
- Ensure that language specifies that the recommendations are for acute care and non-cancer patients.

Recommendation #1: The Alliance and the Bree Collaborative jointly develop and publish a brief call to action.

QIC Member Suggestions: Clarify consumer message by focusing on the harms of opioids, iterate various opioid brand and generic drug names as examples and consider using CDC consumer messaging.

Recommendation #2: Health Plans include use of prescribing guidelines in provider contracting as a quality/safety goal.

QIC Member Suggestions: Move non-opioid alternatives to the first position and include more language regarding non-opioid alternatives.

Recommendation #3: Health Plans use health data to identify high utilizers and look at prescribing variation.

QIC Action: Approved

Recommendation #4: Provider health *systems* should register for the PMP.

QIC Action: Approved

Additional information: according to Washington (WA) State Department of Health (DOH) Prescription Monitoring Program (PMP) staff, health systems have the authority to register for the WA PMP. DOH expects that health systems will register at www.wapmp.org by October 1, 2016. Provider groups must be 5 or more and be DOH-certified.

Recommendation #5: Providers utilize EHR clinical decision support tools to remind providers of best care practices under following circumstances at the point of care.

QIC Member Suggestions: Reduce opioid supply for youth ≤ 21 from 7 to 3 days; do not use the word "pills"; and for providers to use all tools, not just EHR.

EXECUTIVE UPDATE

Ms. Guinto provided a brief update on Alliance activities. The Alliance will launch its new Community Checkup website on Wednesday, December 7. The Alliance has also overhauled its Own Your Health website, with PEBB as its initial launch partner and the Association of Washington Cities launching its own partner page in the first quarter of 2017. The Alliance's voluntary All Payer Claims Database (APCD) remains robust, with all insurers continuing their commitments to provide data. The Alliance intends to expand its APCD with additional self-funded purchaser data. Continuing to advance the conversation of employers considering Value Base Purchasing, Ms. Guinto will present on the topic next week at the Seattle Chamber of Commerce Board meeting.

UPCOMING QIC MEETINGS

- **October 13, 2:00-4:00 pm at the Alliance**
- **December 8, 2:00-4:00 pm at the Alliance**
- *Note: There is not a meeting in November*