Quality Improvement Committee

Thursday, October 8, 2015

MEETING SUMMARY

Committee Members Present:	Peter McGough, *UW Medicine (Chair)* Lydia Bartholomew, *Aetna* Christopher Dale, *Swedish Health Services* Dan Kent, *Premera Blue Cross* Gary Knox, *Rockwood Clinic (phone)* Scott Kronlund, *Northwest Physicians Network* Dan Lessler, *WA State Health Care Authority* Bob Mecklenburg, *Virginia Mason Medical Center* Francis Mercado, *Franciscan Health System (phone)* Randal Moseley, *Confluence Health* Terry Rogers, *Foundation for Health Care Quality* John Sobeck, *Cigna Health Care (phone)* Jonathan Sugarman, *Qualis Health*
Committee Members Absent:	Nancy Fisher, *Centers for Medicare & Medicaid Services* Matt Handley, *Group Health Cooperative* Bruce Gregg, *MultiCare Health System* Pat Kulpa, *Regence Blue Shield* Kathy Lofy, *WA State Department of Health* Hugh Straley, *The Bree Collaborative* Michael Tronolone, *The Polyclinic* Lynette Wachholz, *The Everett Clinic*
Staff and Guests Present:	Susie Dade, *Washington Health Alliance* John Gallagher, *Washington Health Alliance* Emily Inlow-Hood, *Washington Health Alliance* Teresa Litton, *Washington Health Alliance* Jim Andrianos, *Calculated Risk* Sue Miller, *Astellas (phone)*

INTRODUCTIONS AND APPROVAL OF MEETING MINUTES

Dr. McGough welcomed everyone and introduced the new QIC members who the Alliance's Board of Directors unanimously approved at the September 22nd Board meeting: Dr. Randal Moseley, Confluence Health; Dr. Gary Knox, Rockwood Clinic; and ARNP Lynette Wachholz, The Everett Clinic.

QIC members reviewed and approved the September 2015 meeting summary, with a correction to Jonathan Sugarman's attendance which was incorrectly marked as present.

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

TOOL TO QUANTIFY IMPROVEMENT INITIATIVES: COLON, CERVICAL, AND BREAST CANCER SCREENINGS

Mr. Andrianos lead the QIC in discussing a prototype improvement tool that was introduced to the QIC in May 2015. The statistical modeling research was provided to members at the September 2015 meeting for consideration before the October meeting. The tool is intended to be rudimentary and directionally (rather than precisely) accurate; it quantifies and helps tell a story about how quality improvement can make a difference (for example, the number of life years that could be saved if we improved the statewide rate of colon cancer screening to match the national 90th percentile rate).

The QIC was presented with health screening results for cervical, breast and colon cancer and proposed language for the upcoming Community Checkup report. The modeling presents "life years saved" instead of deaths, which is a more commonly used statistic. Life years saved includes gains from deaths avoided altogether, *but also deaths that are delayed when screening yields an earlier diagnosis*. QIC members expressed concern that life years saved can be a confusing concept to understand, challenging to communicate, and it seems to exaggerate the benefits of screening. For example, only about 75 women die each year in our state from cervical cancer, in part because the disease is highly treatable when detected. Screening should begin early (at age 21) and continue until age 65. Achieving the national 90th percentile would mean screening an additional 130,000 women each year. Over the decades, the number of life years saved from deaths avoided or delayed, rises to about 25,000, which seems like an exaggeration.

QIC members were also concerned with two modeling assumptions (1) the existing Community Checkup rates are comprised of patients who have maintained perfect historical compliance with the recommended screening strategy (and will continue to do so), and (2) those modeled as newly screened also comply fully during the recommended screening window.

QIC members also expressed concern about highlighting the benefits of the screenings without reflecting on any risks, such as false positives, unnecessary procedures, and most importantly, over-diagnosis.

The outcome of the discussion was for Alliance staff to do more research in this area and to tailor the work for two main target audiences for this type of information: consumers and health care systems. Instead of estimating the potential impact of screening improvement in the next Community Checkup, the number of annual statewide deaths from each of these three cancers will be noted.

ALIGNING WITH THE COMMON MEASURE SET: CHANGES TO THE COMMUNITY CHECKUP

Ms. Dade provided an update on the upcoming Community Checkup report that will provide a complete view on the common measure set, expected to be released in December 2015. The work also represents some significant changes for the Alliance, such as aggregating results from multiple sources, and communicating the different types of data, measurement methods, and new units of analysis including Accountable Communities of Health and health plans.

Ms. Dade also provided a breakdown of the measures that will be displayed in the Community Checkup including 1) the Common Measures that were selected by the governor-appointed Performance Measures Coordinating Committee and 2) additional measures that were selected by the QIC.

Member asked about the goals for the Common Measure Set. Ms. Dade discussed the desire to get health plans, providers and purchasers to adopt the Common Measure Set so there's alignment and synergy within Washington state around common work and goals. A follow-up comment was that it would be beneficial to not only align around the measures, but also around targeted performance on each measure. Ms. Dade noted that the goal is to achieve performance that is consistent with national 90th percentile performance when national benchmarks are available.

UPCOMING QIC MEETINGS

- **December 10, 2015, 2-4pm at the Alliance**
- *Note: There is not a meeting in November*