Agenda

- Chair Report, Approval of September 17th Meeting Minutes
- End of Life Workgroup Update
  - Vote to Adopt
- Addiction/Dependence Treatment Workgroup Update
  - Vote to Disseminate for Public Comment
- Bree Implementation Team Update

BREAK

- Performance Measures Coordinating Committee Update
- Presentation of Proposed New Topics
  - Vote on final three new topics
- Next Steps and Close
# September 17th Minutes

## Dr. Robert Bree Collaborative Meeting

**Wednesday, September 17th, 2014 | 12:30-4:30**

**Virginia Mason Institute**

Metropolitan Park West | 1100 Olive Way, Suite 501 | Seattle, WA 98101

### Members Present

<table>
<thead>
<tr>
<th>Member</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Susie Dade, Washington Health Alliance</td>
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<tr>
<td>Stuart Freed, MD, Wenatchee Valley Medical Center</td>
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<td>Rick Goss, MD, Harborview Medical Center</td>
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<td>Steve Hill, Bree Collaborative Chair</td>
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<td>John Espinola, MD, Premera Blue Cross</td>
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<td>Gary Franklin, MD, WA State Labor and Industries</td>
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<td>MaryAnne Lindeblad, MD,* Health Care Authority</td>
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<td>Rick Ludwig (for Joe Gifford, MD), Providence Health &amp; Services</td>
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<td>Greg Marchand, the Boeing Company</td>
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<td>Robert Mecklenburg, MD, Virginia Mason</td>
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<td>Kim Moore, MD, Franciscan Health System</td>
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<td>Carl Olden, MD, Pacific Crest Family Medicine</td>
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<td>Mary Kay O’Neill, MD,* Regence Blue Shield</td>
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<td>John Robinson, MD, First Choice Health</td>
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<td>Terry Rogers, MD, Foundation for Health Care Quality, Vice Chair</td>
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<td>Kerry Schaefer, King County</td>
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<tr>
<td>Bruce Smith, MD, Group Health Cooperative</td>
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<td>Lani Spencer, RN, Amerigroup</td>
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### Members Absent

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<tr>
<th>Member</th>
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<tr>
<td>Tom Fritz, Inland Northwest Health Services</td>
<td>Jay Tihinen, Costco</td>
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<tr>
<td>Christopher Kadene, MD, MultiCare Health</td>
<td>Carol Weaver RN, MHA, Washington State</td>
</tr>
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*: Indicates a representative for the organization.
Opportunity for Public Comment
End-of-Life Care Workgroup Update

John W. Robinson, MD
EOL Workgroup chair,
Bree Collaborative member,
CMO First Choice Health

November 20th, 2014
The Bree Collaborative’s End-of-Life Care goal is that all Washingtonians:

- Are informed about their end-of-life options
- Communicate their preferences in actionable terms
- Receive end-of-life care that is aligned with their goals and values
# Workgroup Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>John Robinson, MD (Chair)</td>
<td>Chief Medical Officer</td>
<td>First Choice Health</td>
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<tr>
<td>Bruce Smith, MD (Vice Chair)</td>
<td>Associate Medical Director, Strategy Deployment</td>
<td>Group Health Physicians</td>
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<tr>
<td>Anna Ahrens</td>
<td>Director of Patient and Family Support Services</td>
<td>MultiCare Health System</td>
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<tr>
<td>J. Randall Curtis, MD</td>
<td>Professor of Medicine</td>
<td>UW Palliative Care Center of Excellence</td>
</tr>
<tr>
<td>Trudy James</td>
<td>Chaplain</td>
<td>Heartwork</td>
</tr>
<tr>
<td>Bree Johnston, MD</td>
<td>Medical Director, Palliative Care</td>
<td>PeaceHealth</td>
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<tr>
<td>Abbi Kaplan</td>
<td>Principal</td>
<td>Abbi Kaplan Company</td>
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<tr>
<td>Timothy Melhorn, MD</td>
<td>Internist</td>
<td>Yakima Valley Memorial Hospital (YVMH) and the Memorial Foundation</td>
</tr>
<tr>
<td>Joanne Roberts, MD</td>
<td>Chief Medical Officer, NMR Administration</td>
<td>Providence Everett Regional Medical Center</td>
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<tr>
<td>Richard Stuart, DSW</td>
<td>Clinical Professor Emeritus, Psychiatry</td>
<td>University of Washington</td>
</tr>
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**Observers**

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<thead>
<tr>
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<th>Title</th>
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<tbody>
<tr>
<td>Tanya Carroccio</td>
<td>Director, Quality &amp; Performance Improvement</td>
<td>Washington State Hospital Association</td>
</tr>
<tr>
<td>Jessica Martinson</td>
<td>Director, Clinical Education and Professional Development</td>
<td>Washington State Medical Association</td>
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</tbody>
</table>
36 respondents to online survey plus additional emailed comments
100% Percent of Respondents Agreed with:

- Definitions
- Problem Statement
- Recommendation 1: Increase awareness...
- Recommendation 2: Increase participation in advance care planning...
- Recommendation 3: Increase documentation of wishes...
- Recommendation 4: Increase accessibility of documents...

97.2% agreed with Recommendation 5: Increase likelihood wishes are honored at the end of life...
Public Comments Summary

• Conversations need to start early
• Scope
  • Too focused on physician/patient relationship and health system
  • Include ancillary Long Term Support Services providers, attorneys having access to advance directives
  • Palliative care
• Targeted Direction
  • Need one organization for statewide collaboration/organization
  • Need recommendation for specific advance care planning tool or program
• EMR issues
  o How to pull for personal statement
  o Portability
  o Linked to registry
Public Comments Summary

• Assisted living facilities/SNF honoring the POLST of a DNR with comfort care only if patient is on hospice services

• Evaluation/Measurement
  • Development of an experience of care tool that medical decision makers would be surveyed with post
  • Community-based solution? Asking too much of providers/systems?
  • Measure how treatment provided matches AD/POLST

• Need to support patient and family during times of crisis
  • Family over-riding AD/POLST

• Funding
Changes To the Report From Public Comments

- Added clarifying language
  - People to start conversations “...as early as they feel comfortable”
  - “Family and friends” throughout
  - “appropriate hospice referrals”
  - The job of all health care staff
  - Supporting patient and family in a time of crisis

- Inclusion of additional groups
  - The Snohomish County Health Leadership Coalition Life Transitions
  - The End of Life Coalition of Southwest Washington

- More discussion of the previous registry
• Acknowledging limitations
  • “...no single coordinating organization connecting and monitoring the work done by individual groups...”
  • Addressing paid or informal caregivers as a facilitator of in-home care
  • POLST not being honored unless patient is on hospice
  • Family over-riding advance directive or POLST
End-of-Life Care Goals

- Health care provider reimbursement for advance care planning
- Provider education about conducting advance care planning with patients and families
- Community engagement in advance care planning
- Patient and family education and empowerment to engage in advance care planning
- Writing wishes down as a result of advance care planning
- Increase the availability of advance directives and POLST during time of crisis (e.g., registry)
- Implementation of protocols to increase the likelihood that patient’s wishes are followed at the time of death
Focus Areas

1. Awareness
2. Advance care planning
3. Record end-of-life care wishes and goals
4. Accessibility of forms
5. End-of-life care choices are honored
# Advance Directives VS POLST

<table>
<thead>
<tr>
<th></th>
<th>Advance Directive</th>
<th>Physician Orders for Life-Sustaining Treatment (POLST)</th>
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<tbody>
<tr>
<td><strong>Appropriate Population</strong></td>
<td>All adults</td>
<td>Those with advanced progressive chronic conditions</td>
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<tr>
<td><strong>Timeframe</strong></td>
<td>Future care</td>
<td>Current care</td>
</tr>
<tr>
<td><strong>Where Completed</strong></td>
<td>Any setting</td>
<td>Medical setting</td>
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<td><strong>Product</strong></td>
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<tr>
<td></td>
<td>Legal designation of a health care decision-making surrogate that is part of an advance directive in alignment with Washington State law RCW 11.94.010</td>
<td>Medical orders</td>
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<tr>
<td></td>
<td>Description of an individual’s health care wishes for the end of life for a time when that individual is unable to communicate those wishes that is part of an advance directive in alignment with Washington State law RCW 70.122.030</td>
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<td></td>
<td>Summary of personal values and goals of care relating to end-of-life care wishes</td>
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<tr>
<td><strong>Surrogate Role</strong></td>
<td>Surrogate cannot complete</td>
<td>Surrogate responsible for presenting to health care provider</td>
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<tr>
<td></td>
<td></td>
<td>The designated surrogate can consent to POLST on behalf of an incapacitated patient</td>
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<tr>
<td><strong>Responsible for Portability</strong></td>
<td>Currently patient or family/friends</td>
<td>Currently patient or family/friends</td>
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<td></td>
<td></td>
<td>Provider/Health System</td>
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<tr>
<td><strong>Responsible for Review</strong></td>
<td>Patient or family/friends</td>
<td>Patient or family/friends</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider/Health System</td>
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</table>
1. Increase awareness of advance care planning, advance directives, and POLST in Washington State

- Promote community-wide discussions about how to have conversations regarding personal goals of care and the type of care desired at the end of life with family members and health care providers
- Promote the importance of having an advance directive that includes a living will (also known as a health care directive), a durable power of attorney for health care, and a written personal statement about health care goals and values
- Increase awareness in the difference between POLST and an advance directive
2. Increase the number of **people** who participate in advance care planning in the clinical and community settings

- Educate health care professionals on how to engage **individuals** and their families in advance care planning and how to refer to appropriate community-based advance care planning resources
- Encourage the use of evidence-based advance care planning tools and programs
- Encourage people and health care providers to involve family members **and friends** in advance care planning and designate a legal durable power of attorney for health care
- Encourage appropriate timing of advance care planning conversations
2. Increase the number of people who participate in advance care planning in the clinical and community settings (cont.)

- Encourage the use of evidence-based advance care planning tools and programs
- Revise reimbursement policy to pay for advance care planning counseling and discussion with patients and their surrogate decision makers
- Promote awareness of the value of hospice and encourage appropriate hospice referrals
- Train qualified advance care planning facilitators
3. Increase the number of people who record their wishes and goals for end-of-life care using documents that: accurately represent their values; are easily understandable by all readers including family members, friends, and health care providers; and can be acted upon in the health care setting.

- Encourage the documentation of advance care planning discussions with easily understandable and culturally appropriate advance directives that include:
  - a living will (also called a health care directive) that stipulates specific treatment preferences (if known and applicable to the situation)
  - a durable power of attorney for health care that names a surrogate and indicates the amount of leeway the surrogate should have in decision-making
  - a personal statement that articulates the patient’s values and goals regarding end-of-life care

- Adopt resources meant to engage low-literacy patients in advance care planning and creation of advance directives.
4. Increase the accessibility of completed advance directives and POLST for health systems and providers

- Contract with an existing registry to store and make accessible advance directives and POLST
- Work with the Department of Motor Vehicles to add text indicating the presence of an advance directive on the Washington State driver’s license with the additional option of putting a QR code on the back of the driver’s license to gain direct access to the registry
5. Increase the likelihood that a patient’s end-of-life care choices are honored

- Implement quality improvement programs within hospitals, nursing homes, and other settings to encourage greater adherence to patients’ requests as outlined in advance directives and POLST if accurate and applicable to the current situation.

- Encourage providers and facilities to measure family satisfaction with end-of-life care by widespread use of an after-death survey tool similar to that used by hospice agencies.
Opportunity for Public Comment
Adopt End-of-Life Care Report and Recommendations
Addiction and Dependence Treatment Workgroup Update

Tom Fritz
Chief Executive Officer, Inland Northwest Health Services
Chair, ADT workgroup

November 20th, 2014
# Workgroup Members

<table>
<thead>
<tr>
<th>Member</th>
<th>Title</th>
<th>Organization</th>
</tr>
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<tbody>
<tr>
<td>Charissa Fotinos MD</td>
<td>Deputy Chief Medical Officer</td>
<td>Health Care Authority</td>
</tr>
<tr>
<td>Tom Fritz (Chair)</td>
<td>Chief Executive Officer</td>
<td>Inland Northwest Health Services</td>
</tr>
<tr>
<td>Linda Grant</td>
<td>Chief Executive Officer</td>
<td>Evergreen Manor</td>
</tr>
<tr>
<td>Tim Holmes</td>
<td>Vice President of Outreach Services and Behavioral Health Administration</td>
<td>MultiCare Health System</td>
</tr>
<tr>
<td>Ray Hsiao MD</td>
<td>Co-Director, Adolescent Substance Abuse Program</td>
<td>Seattle Children’s Hospital</td>
</tr>
<tr>
<td>Scott Munson</td>
<td>Executive Director</td>
<td>Sundown M Ranch</td>
</tr>
<tr>
<td>Rick Ries MD</td>
<td>Associate Director</td>
<td>Addiction Psychiatry Residency Program, University of Washington</td>
</tr>
<tr>
<td>Terry Rogers MD</td>
<td>Chief Executive Officer</td>
<td>Foundation for Health Care Quality</td>
</tr>
<tr>
<td>Ken Stark</td>
<td>Director</td>
<td>Snohomish County Human Services Department</td>
</tr>
<tr>
<td>Jim Walsh MD</td>
<td>Physician</td>
<td>Swedish Medical Center</td>
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Substance Use Disorder Framework

- Substance Use Disorder Framework
  - Ultra Severe
  - Moderate to Severe Substance Use Disorder
  - Low to Moderate Substance Use Disorder
  - No use

- Withdrawal Management
- Assertive Community Treatment
  - Case Management
  - Healthcare Linkage
  - MAT
  - Benefits Management
  - Housing
  - Mobile Teams
- Education & Re-enforcement
  - Risk Assessment
  - Brief Intervention
  - Motivational Interviewing
  - Harm Reduction
- Total Abstinence
- Harm Reduction

- Integrated Treatment within and across disciplines
  - Medical
  - Behavioral Health
  - Social Service Supports

- Resource Requirements

- Recovery

- Recovery

Legend:
- MAT: Medication Assisted Treatment
- OMT: Opioid Substitution Therapy
- IOP: Intensive Outpatient
- NAS: Neonatal Abstinence Syndrome
- PMPI: Prescription Monitoring Program
- SBIRT: Screening, Brief Intervention, Referral to Treatment

SBIRT
1. Reduce stigma associated with alcohol and other drug screening, intervention, and treatment

- Train health care staff how to have non-judgmental, empathetic, and accepting conversations about alcohol and other drug misuse
- Train health care staff on the prevalence of alcohol and other drug misuse, the impact of alcohol and other drug misuse on other health conditions, and the importance of screening for alcohol and other drug misuse
- Increase the number of people who see alcohol and other drug misuse screening as a usual part of care and are comfortable discussing alcohol and other drug use
2. Increase appropriate alcohol and drug use screening in primary care and emergency room settings

- Increase the number of appropriately trained staff who provide screening
- Increase annual alcohol and other drug misuse screening, starting with an initial primary care visit, using validated, scaled screening tools
- Implement universal alcohol and other drug misuse screening in emergency rooms (ER)
3. Increase capacity to provide brief intervention and/or brief treatment for alcohol and drug abuse

- Increase the number of appropriately trained staff who provide brief intervention and/or brief treatment in the primary care and ER settings
- Increase the number of patients who screen positive for alcohol and other drug misuse who receive appropriate brief intervention and/or brief treatment
- Follow-up with patients as appropriate who have received brief intervention and/or brief treatment
- Enhance ability to triage patients to appropriate level of care if not improving
- Increase accessibility of consulting with qualified behavioral health providers
4. Decrease barriers for facilitating referrals to appropriate treatment facilities

- Increase the number of patients who screen positive who are referred to and receive care at an appropriate chemical dependency treatment facility consistent with the American Society of Addiction Medicine criteria
- Track patients as they receive appropriate recovery care
- Contact patients after they receive appropriate treatment to facilitate rapid return to function
- Increase cross-site communication and data sharing
- Manage adolescents with addictions collaboratively with child and adolescent addiction specialists, if possible
- Increase chemical dependency resources sufficient to facilitate successful patient rehabilitation
5. Address the opioid addiction epidemic

- Decrease inappropriate opioid prescribing for non-cancer, non-terminal pain
- Increase capacity for primary care providers to prescribe medication assisted treatment
- Train appropriate primary care and emergency room staff to screen, engage, and facilitate both on-site opioid medication assisted treatment and/or facilitate coordinated care with offsite specialized chemical dependency treatment.
- Extend state and private capacity and support for opioid medication assisted treatment (e.g., increase Buprenorphine treatment availability)
- Facilitate referrals and decrease barriers to opioid addiction treatment (specialized vs on-site addiction treatment)
- Track changes to the number of admissions, cost, morbidity, and mortality in emergency room, hospital, and outpatient settings in patients using opiates to evaluate change over time
Stakeholder-Specific Recommendations

- Primary Care
- Hospitals
- Chemical Dependency Treatment Facilities
- Health Plans
- Employers/Purchasers
Opportunity for Public Comment
Recommendation

- Approve dissemination of the Addiction and Dependence Treatment Report and Recommendations for public comment
BREE IMPLEMENTATION TEAM (BIT) UPDATE

Dan Lessler, MD
Chief Medical Officer, WA Health Care Authority
Chair, Bree Implementation Team
OVERVIEW

- General Strategy
- Spine SCOAP
- TKR/THR Report and Recommendations
- Low Back Pain
After adoption by the Health Care Authority:

- Presentation from topic expert
- Development of change strategy
- Implementation of change strategy

Formation of sub-group, if needed
SPINE SCOAP

- Creation of crisp business/purchaser and clinical case for participation in Spine SCOAP
  - Contact hospital systems at the corporate level (as opposed to individual hospitals)
    - Reach out to clinical leadership at target hospitals
  - Promote interest, understanding and engagement by having the hospital join the annual Spine SCOAP meeting
    - For hospitals still choosing not to participate, have in-person meeting with representatives of Bree/purchasers/plans
Assess readiness

- Purchaser interest and readiness potentially through Purchaser Affinity Group
- System readiness (provider, hospital, etc)
- Health plan

Education

- Materials for employers and others
Goals

- Reduce burden of back pain and costs
- Establish common ground between competing delivery systems
- Increase employer engagement
- Test Bree’s recommendations at a community level in Spokane, WA and Coeur d’Alene, ID
The NWHPC is a new non-profit organization that provides small and mid-size purchasers (employers and others) in eastern Washington and northern Idaho the opportunity to speak with a common voice and influence the delivery and cost of healthcare in this region.
# CURRENT MEMBERSHIP

## General Members
- City of Spokane
- King Beverage
- Litehouse Inc.
- Rosauers/URM
- Gonzaga University
- Red Lion
- Fastway Freight
- Associated Industries
- Washington Trust Bank
- Moloney & O’Neill Benefits
- WorkWell Consultants

## Supporting Members
- Providence Health Care
- Rockwood Health Systems
- Premera
- The Standard Insurance
- AstraZeneca
HOW WILL THE NWHPC HAVE IMPACT?

- Identifying specific healthcare challenges facing employers in this region
- Organizing concrete activities and initiatives that benefit multiple employers, their employees and the community
- Collecting information to measure the effectiveness of those activities and initiatives
- Focusing at the community level
NWHPC’S FIRST YEAR’S FOCUS

• **Community Collaboration**
  – Promoting optimal management of low back pain through implementation of Bree Collaborative recommendations across the community

• **Price Transparency**
  – Accelerating the deployment of price transparency tools and educating employees about their value and use

• **Identifying Opportunities**
  – Coordinating data analyses across employers to identify priority health issues for the entire population

• **Sharing Information and Resources**
  – Seeking out and sharing information about regional trends in healthcare costs and utilization and what has helped other small and mid-sized employers control costs while maintaining a healthy workforce
• Organize a working group with representation from employers, providers and insurers and educate that group about the Bree Collaborative back pain recommendations

• Compare Bree recommendations to current back pain activities and plans at each participating organization

• Identify baseline data to collect, how to share it, and what to measure in order to show scale of problem in the community and track progress
• With working group develop a workplan to implement the Bree recommendations at a community level. Possible strategies include:
  – Reaching agreement on any changes in payment models and health insurance benefits related to back pain treatment
  – Educating providers about Bree recommendations
  – Changing hospital and clinic information systems to support use of recommendations
  – Educating employees and consumers about Bree recommendations

• Create a timeline for key activities in the workplan

• Identify funding for activities which cannot be implemented using individual organizational resources
MAJOR ACTIVITIES

Compare Bree recommendations to current activities and plans

Analyze data and reach agreement on key measures

Identify actions that each participant will take to implement recommendations

Implement at organizational level

Implement collaborative activities (e.g. public education campaigns)

2016 Benefit Year
The Bree Implementation Team has endorsed this initiative

Request to the Collaborative:

- Consider ways you and your organization can support this work
Today’s Discussion

• Healthier Washington
• Statewide Core Measures
• Opportunities to Participate
Healthier Washington: *Better Health, Better Care, Lower Costs*

**Goal – A Healthier Washington:**
“The Healthier Washington project builds the capacity to move health care purchasing from volume to value, improve the health of state residents, and deliver coordinated whole-person care.”

**Planning – State Innovation Models Pre-Test**
- State Health Care Innovation Plan

**Authority – Legislation Enacted**
- E2SHB 2572 – Purchasing Reform, greater transparency, empowered communities
- 2SSB 6312 – Integrated whole-person care

**Opportunity – State Innovation Models Test**
Development of a Core Measure Set for Washington
Legislative Language: ESHB 2572, Section 6

“There is created a performance measures committee, the purpose of which is to identify and recommend standard statewide measures of health performance to inform public and private health care purchasers and to propose benchmarks to track costs and improvements in health outcomes.”
Measures Approach “At A Glance”

• This is beginning of an ongoing process to develop standard statewide measures

• Results of measures to assess performance at multiple levels

• Goal is to promote voluntary measure alignment among state and private payers

• Performance Measurement Committee to provide leadership and direction; technical work groups to identify and recommend measures
Approach to Measure Set Development

• Start with points of alignment in existing measure sets

• Consider possible addition of measures based on consideration of:
  ✓ the greatest opportunities for improvement;
  ✓ areas of focus of the State Health Innovation Plan; and
  ✓ a library of available measures
Overview – Contextual Framework

STATEWIDE COMMON MEASURES – “STARTER SET”

Measurement and Public Reporting
 Track Performance, Target Opportunities, Inform Purchasing

- Measures – POPULATION
  Prevalence within the Population
  Results for state and counties

- Measures – CLINICAL SETTINGS
  Clinical Processes and Outcomes
  Results for health plans, medical groups and/or hospitals

- Measures – HEALTH CARE COSTS
  Overall Spending

Improving Results

- COMMUNITY TRANSFORMATION
  (ACHs, Public Health, State and Local Agencies, State and Local Policy-makers)
  - Interventions in/across community settings that influence prevalence
  - Aligned strategies, policies and resources with desired performance and outcomes

- PRACTICE TRANSFORMATION
  (Integrated Delivery Systems, Medical Groups, Hospitals)
  - Interventions in/across clinical settings that influence performance
  - Aligned incentives (provider payment and contracting, consumer benefit design) with desired performance and outcomes

- REDUCING HEALTH CARE SPEND
  (Purchasers, Payers, Consumers, Delivery System)
  - Interventions in/across all settings
  - Increased health care cost and price transparency; aligned incentives (provider payment and contracting, consumer benefit design) with desired performance and outcomes

Align Strategies for Better Health and Health Care and Reduced Cost
### Reading the Report (Pages 7-10)

<table>
<thead>
<tr>
<th>Measure</th>
<th>WG</th>
<th>Steward</th>
<th>NQF #</th>
<th>Type of Data</th>
<th>Data Source</th>
<th>Confidence Level</th>
<th>Recommended Unit(s) of Analysis</th>
<th>Stratify</th>
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<tbody>
<tr>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>Acute</td>
<td>NCQA</td>
<td>0002</td>
<td>Claims</td>
<td>Alliance</td>
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- **Name of Measure**: Appropriate Testing for Children with Pharyngitis
- **Which workgroup recommended the measure?**: Acute
- **Is the measure NQF-endorsed?**: Yes
- **Who will have responsibility for producing RESULTS?**: X
- **Recommended Unit(s) of Analysis**: State-wide, County or ACH, Health Plan, Medical Group, Hospital
- **Stratify**: C, MC, MC R/E

**Which organization has developed and maintains the measure?**

**What type of data is needed to implement the measure?**

**Confidence level to indicate “strength of conviction” Art . . . not science**

**Should publicly reported measure results be stratified?**

**Indicates expected level of measurement: who are we likely to have results for? Some still TBD . . .**
5 Pressure Points Along the Way

1. Lack of structured access to clinical data for robust statewide measurement and public reporting

2. Behavioral Health
   • 4 related measures in “starter set”
   • Considered very important; lack of vetted measures and data availability problematic

3. Small “N” will limit participation for some
   • Critical Access Hospitals, small medical groups, rural counties
   • Important to adhere to public reporting standards to maintain credibility of results

4. Cancer Care
   • Require patient identifiers and linkage to clinical/registry data
   • Look to HICOR Value in Cancer Care Initiative for publicly reported un-blinded results

5. Generic Prescribing
   • Overall rate of generic prescribing relatively high in WA
   • Still considerable variation among/within medical groups
   • Both a cost and quality issue (↑adherence = ↑quality)
Looking to the Future

• High Priority Development Opportunities (aka “parking lot”)
  – 28 topics raised during work group process

• Considered important but not on starter set
  – No nationally vetted measure(s)
  – No readily available data to support statewide measurement and public reporting with statistically reliable and credible results

• Survey to Prioritize
  – 65 invited; 59 responded, 91% response
Implementation of Measure Set

• Committee to develop plan to periodically evaluate the measure set and modify as needed
  ✓ Criteria for prioritizing addition of measures on High Priority Development Agenda
  ✓ Process for identifying appropriate measures

• Topic-focused Workgroups

• Medicaid and PEBB Contracts
Next Steps

• Three work groups scheduled to meet December 2 - 4
  ✓ Consider public comments
  ✓ Determine whether to modify recommendations

• Final meeting of the Coordinating Committee on December 17
  ✓ Finalize Measure Set
  ✓ Recommend Process for Evolving Measure Set Over Time
Opportunities to Participate

• Join the Healthier Washington Feedback Network
  – Sign up at: healthierwa@hca.wa.gov

  NOTE: If you signed up for the State Health Care Innovation Plan Feedback Network, you are already signed up

• Visit the website for:
  – Information on ACHs and regional discussions
  – Performance Measures meetings

 www.hca.wa.gov/hw
For more information contact the Healthier Washington Project Team

Phone:
360-725-1231

Email:
healthierwa@hca.wa.gov
laura.pennington@hca.wa.gov

Internet:
www.hca.wa.gov/hw

Thank you!
Bundled Payments: Health Plan Perspective

November 20th, 2014
Proposed New Topics

November 20th, 2014
Mandate

The collaborative shall identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.

On an annual basis, the collaborative shall identify up to three health care services it will address.
Top Choices

1. Coronary Artery Disease Bundle
2. Prostate Specific Antigen Screening Testing
3. Opioids
4. Oncology
1. Coronary Artery Disease Bundle

- Champion: Bob Mecklenburg

- A high-prevalence, high cost treatment of coronary artery disease is coronary artery bypass surgery (CABG). CABG is characterized by: 1) variation in utilization not clearly related to need, 2) variation in price, and 3) variation in complication rates among health care providers.

- The prevalence of CABG, its aggregate cost and its avoidable complication rates have made this surgical procedure a priority for public and private sectors as well as the broader community. Bree knows how to use warranties and bundled payments to improve appropriateness, safety and affordability by facilitating market based health care reform. We now have the opportunity to apply our model to CABG surgery.

2. Prostate Specific Antigen Screening Testing

• Champion: Leah Hole-Marshall

• The US Preventative Services Task Force concludes that many men are harmed as a result of prostate cancer screening and few, if any, benefit. A better test and better treatment options are needed. Until these are available, the USPSTF has recommended against screening for prostate cancer.

• State agencies recommend PSA testing topic for Bree review and recommendation.

3. Opioids

• Champion: Gary Franklin

  “Geographic variation in prevalence of prescribed opioids is large, greater than variation observed for other healthcare services...Wide variation in prescribing opioids reflects weak consensus regarding the appropriate use of opioids for treating pain, especially chronic non-cancer pain. Patients’ demands for treatment have increased, more potent opioids have become available, an epidemic of abuse has emerged, and calls for increased government regulation are growing.”

• Labor and Industries has successfully implemented guidelines similar to those being developed by the AMDG group

• The Bree would have a unique ability to widely disseminate the AMDG guidelines, and the payers would be able to implement the recommendations

4. Oncology

- Jeffery Thompson, Mercer

- Cancer is typically in the top 1-3 health care expenditures for an employer, both public and private. Small and medium size employers, covering the majority of the insured, often see one to two cases per year that fall under the category of a high cost claimants costs exceeding ($100,000 dollars).

Opportunity for Public Comment
Mental Health Integration

- Champion: Mary Kay O’Neill

- About 50% of care for common mental disorders was delivered in general medical settings. However, many subsequent studies have shown that these disorders may be undiagnosed or under-treated.

- Depression and anxiety can increase overall health care costs by 50-100%, larger in those with multiple conditions.

- Long-term analyses have demonstrated that $1 spent on Collaborative Care saves $6.50 in health care costs.

Sleep Therapy

• Champion: Terry Rogers

• Issue of a lack of a proper diagnosis and treatment. Only ~1% of obstructive sleep apnea (OSA) patients are receiving treatment.

• Associated with injuries, chronic diseases, mental illnesses, poor quality of life and well-being, increased health care costs, lost work productivity, obesity, diabetes, cardiovascular disease, and depression

Champion: Dan Lessler

- Variation in who is offered screening and how they are treated.
  - “Most people do not know they are infected because they don’t look or feel sick.”

- Chronic Hepatitis C is a serious disease that can result in long-term health problems, including liver damage, liver failure, liver cancer, or even death. It is the leading cause of cirrhosis and liver cancer and the most common reason for liver transplantation in the United States. Approximately 15,000 people die every year from Hepatitis C related liver disease.

Next Meeting:

Wednesday, January 21st, 2014
12:30pm – 4:30pm