Regional Collaboration to Improve Quality

Blue Ribbon Commission on Health Care Costs & Access
July 27, 2006
The Health Alliance Today

- Non-partisan, non-profit 501(c)(3)
- Five county focus: Thurston, Pierce, King, Kitsap, Snohomish
- Nearly 100% funded by participating organizations
- Private and public employers, physicians, hospitals, patients, health plans, unions, associations, others
- ~110 organizations, representing over 900,000 covered lives ... *not counting health plan enrollment*
What Employers & Other Purchasers Want

- Better health and lower costs through improved quality and efficiency
- Public reports on health care quality and efficiency performance
- Behavior change for employers, employees, physicians, hospitals and plans by aligning incentives
- Forward movement with proven programs to get results quickly
What Patients & Other Consumers Want

- 77% rate ‘lowering health care costs’ and ‘improving quality’ each as “very important”
- Majority have little or no useful information to help find best doctors, hospitals or treatments for specific conditions
- 95% consider an unbiased comparison report of clinics and hospitals as “very important”
- 94% expect an unbiased comparison report to influence their choice of hospitals and clinics
- 87% say they have enough ‘useful information about healthy lifestyles’ … so the key is to engage them

Alliance consumer survey, March 2006 (completed by over 2,800 individuals in 5-county area)
What Physicians, Hospitals & Other Providers Want

- One performance report, not one more report
  - Standard requirements to reduce complexity, duplication and inconsistency
  - Transparency and provider participation in defining and measuring quality and efficiency
- Greater use of technology to securely share data to provide effective, efficient care
- More affordable insurance to improve access
Health Alliance Major Initiatives

- Produce public report comparing local health care performance in quality, cost and patient experience
- Adopt evidence-based treatment guidelines
- Recommend changes to align incentives in health care
- Support the adoption of health information technology
- Provide useful informational tools to help guide health care decision-making

Better, faster & cheaper than any one employer, health plan, hospital, or group of doctors could do by themselves
How the Alliance Is Getting this Done

Board of Directors
- Executive Committee
- Integration Committee

Incentives Work Group
Health Information & Technology Committee
Quality Improvement Committee
Communication Committee

Consumer Advisory Group

Heart Disease
Diabetes
RX
Back Pain
Depression
Others

Institute of Medicine Quality Measures

Reps from Alliance Participating Organizations
Communication & Feedback Loops Throughout
Quality Improvement Committee

- Hugh Straley, MD - Medical Director, Group Health Cooperative
- Bobbie Berkowitz, PhD - UW, School of Nursing
- Roki Chauhan, MD - Medical Director of Premera BlueCross
- Rick Cooper - The Everett Clinic
- Kenny Fink, MD - Medical Director of HHS Region X
- Steve Hill - State of Washington, Health Care Authority
- Dan Lessler, MD - Harborview Medical Center
- Bob Mecklenburg, MD - Virginia Mason Medical Center
- Judy Morton, PhD - Swedish Medical Center
- Mark Rattray, MD - United Health Care
- Jeff Robertson, MD - Medical Director of Regence BlueShield
- Jonathan Sugarman, MD - Qualis Healthcare
- Michael Tronolone, MD - Polyclinic
- Ed Wagner, MD - Group Health Cooperative
- Margaret Stanley - Alliance Executive Director
Clinical Improvement Teams

- Initial quality improvement focus
  - Heart disease, diabetes (*complete*)
  - Prescription drugs (*Phase I complete, Phase II in progress*)
  - Depression, back pain (*in progress*)
  - Population Risk Reduction / Prevention

- Use local provider input, draw from national standards
  - Clinical practice guidelines
  - How to measure and compare quality (*Institute of Medicine “Starter Set” of Standards, published December 2005*)
  - Strategies to change behavior consistent with guidelines
## Recommended Diabetes Quality Measures

<table>
<thead>
<tr>
<th>Category</th>
<th>Recommended Alliance Measures</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long-Term Management of Diabetes</strong></td>
<td></td>
<td></td>
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<tr>
<td>1. HbA1c management</td>
<td>% of patients with HbA1c test(s) done during the past year</td>
<td>Claim</td>
</tr>
<tr>
<td>2. HbA1c mgmt control</td>
<td>% of patients with recent HbA1c level &gt; 9.0% (poor control)</td>
<td>Lab</td>
</tr>
<tr>
<td>3. Blood pressure mgmt</td>
<td>% of patients had BP documented &lt; 140/90 mmHg in past year</td>
<td>Chart</td>
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<tr>
<td>4. Lipid measurement</td>
<td>% of patients with LDL-C test in past year</td>
<td>Claim</td>
</tr>
<tr>
<td>5. LDL cholesterol level</td>
<td>% of patients with recent LDL-C &lt; 100 mg/dL or &lt; 130 mg/dL</td>
<td>Lab</td>
</tr>
<tr>
<td>6. Eye exam</td>
<td>% of patients received eye exam in past 2 years</td>
<td>Claim</td>
</tr>
<tr>
<td>7. Kidney disease screen</td>
<td>% of patients with kidney screening test in past year</td>
<td>Claim</td>
</tr>
<tr>
<td>8. Foot exam</td>
<td>% of patients received foot exam during past year</td>
<td>Chart</td>
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<tr>
<td><strong>Risk Reduction in Diabetic Patients</strong></td>
<td></td>
<td></td>
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<tr>
<td>9. Tobacco use</td>
<td>% of patients asked about tobacco use in past year</td>
<td>Claim</td>
</tr>
<tr>
<td>10. Advise smokers: quit</td>
<td>% of patients received advice to quit smoking in past year</td>
<td>Claim</td>
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<tr>
<td>11. Influenza vaccination</td>
<td>% of patients ≥ 50 received influenza vaccination in past year</td>
<td>TBD</td>
</tr>
<tr>
<td>12. Pneumonia vaccination</td>
<td>% of patients ever received pneumonia vaccination</td>
<td>Claim</td>
</tr>
<tr>
<td>13. Depression screening</td>
<td>% of patients screened for depression in past year</td>
<td>Chart</td>
</tr>
<tr>
<td>14. Self management goals</td>
<td>% of patients with self-management goals in chart in past year</td>
<td>Chart</td>
</tr>
</tbody>
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Clinical Improvement Team: Rx  
*(phase one)*

- Increase use generics, with focus on:  
  - cholesterol lowering agents  
  - antidepressants  
  - gastric acid secretion reducers  
  - non-steroidal anti-inflammatory drugs

- Reduce inappropriate prescribing of antibiotics

- Educate consumers about generic drugs

- Encourage clinics and hospitals to adopt policies to reduce or eliminate access to providers by drug sales reps and the distribution of free drug samples
Incentives

- Possible categories
  - Quality
  - Cost
  - Patient experience
  - Technology adoption

- Performance incentives for providers
  - Tiered networks, pay for performance, recognition

- Incentives for consumers to engage in healthy behavior and better self-care management, and to seek care from high performing providers
Health Information Technology

- Promote electronic medical records, registries and personal health records, plus interoperability
  - $1M in awards to clinics and small hospitals from the Washington Health Information Collaborative

- Approach to data and reporting
  - Will use neutral, recent data, with Milliman as data vendor
  - Data from health plans, self-insured, probably Medicare and Medicaid
  - Start with claims, then add lab values and chart data as it becomes available over time
  - Report with data to be vetted by providers first, then made public in 2007
Gaining National Interest

- U.S. HHS Secretary Leavitt meeting
  - Public reporting on health care performance
  - Incentives for people to seek out high quality care
  - Greater use of health information technology

- Robert Wood Johnson Foundation pilot site to align forces in regional market

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