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Puget Sound

Health Alliance

Aligning Forces to  
Improve Quality and Value

Communities Connect  
June 2, 2008

## Today:

- Overview of the Puget Sound Health Alliance
- Aligning Stakeholder Interests
- Promoting Transparency is a Key Strategy
- Other Important Alliance Activities

- National public-private consensus building for principles, standards, measures
- Local collaboration, implementation and innovation



# Leveraging Strategies for Transformation Across the Country

- Ed Wagner, MacColl Institute, “It Takes a Region . . .” (November 2006)
- Key strategies that successful regional initiatives appear to have in common:
  - Strong leadership with a shared vision
  - Multi-stakeholder
  - Collaborate on measurement and monitoring of performance
  - Evidence-based guidelines and measures
  - Supporting delivery system improvement
  - Aligning benefits and finances
  - Engaging consumers

## The Puget Sound Health Alliance Today

- Private, non-partisan, non-profit 501(c)(3)
- Incorporated in late 2004; initiated in 2005
- We've Grown Quickly - Now about 170 Organizations and 50 Individuals
- Current Focus: 5-county area, Puget Sound
- Multi-stakeholder
- Primarily funded by participating organizations
- Gained national attention
  - RWJF Aligning Forces for Quality
  - First Community Leader, Chartered Value Exchange - DHHS

## A Sampling of who we are . . . .

The Boeing Company  
Starbucks Coffee Company  
WaMu  
Alaska Airlines  
Horizon Air  
REI  
Puget Sound Energy  
Washington State Health Care  
Authority  
County Governments  
City of Seattle  
UFCW/Teamsters

Washington State Medical Assoc.  
Washington Hospital Assoc.  
Academy of Family Physicians  
Washington Naturopathic Physicians  
Washington State Nurses Assoc.  
Group Health  
Virginia Mason Medical Center  
Swedish Medical Center  
Providence Health System  
Premera Blue Cross  
Regence Blue Shield  
Aetna Health Plans of WA

# The Alliance

## Our Role as Convener

- Building a common agenda
  - “Dig out” of Varying Perspectives:  
Some similarities, some differences
  - Trust-building
- Promoting “Transparency”
  - Performance Information
  - Opportunities, barriers
  - Expectations, concerns, fears
- Create motivation for change

## What Physicians, Hospitals & Other Providers Want

- Quality outcomes for patients
- Fair reimbursement
- Professional autonomy
- Accountable for what *they can control*
- Strong involvement in defining and measuring quality, efficiency
- Support and recognition for improvement
- Clearer expectations
- Greater use of technology to share information
- More affordable insurance to improve access

# What Employers & Other Purchasers Want

- Overall lower costs
- Healthy workforce that is present and productive
- Better information (quality, efficiency, price) to enable value-based purchasing
- More accountability
  - From Providers - for outcomes, not just processes
  - From Patients - for self-management and lifestyle choices
- More affordable insurance to improve access

*. . . With a sense of urgency!*

## What Consumers (Patients) Want

- To feel good (or at least not bad)
- Access to care from a provider or team that they trust
- To feel heard
- Accurate information about their health that is offered in a way that can be understood *and remembered* (tools help)
- Care they can afford
- Information to help them find the best doctors, hospitals
- Too often
  - services (tests, drugs, procedures) that they do not *need*
  - an “easy solution”

# INFLUENCING CHANGE . . .

**Creating a  
Market-  
Driven,  
Value-Based  
Health Care  
System**

**Everyone  
Has a Role**

## WHO

## RESPONSIBILITIES

Consumers

Engage as a health care *consumer*

Make healthy lifestyle choices

Clinicians /  
Hospitals

Improve effectiveness and  
value of health care services

Share quality and price information

Employers

Purchase benefits based on value

Help employees be better health  
care consumers; promote health

Insurers

Design benefits and payment  
based on value

Help members be better health care  
consumers; promote health

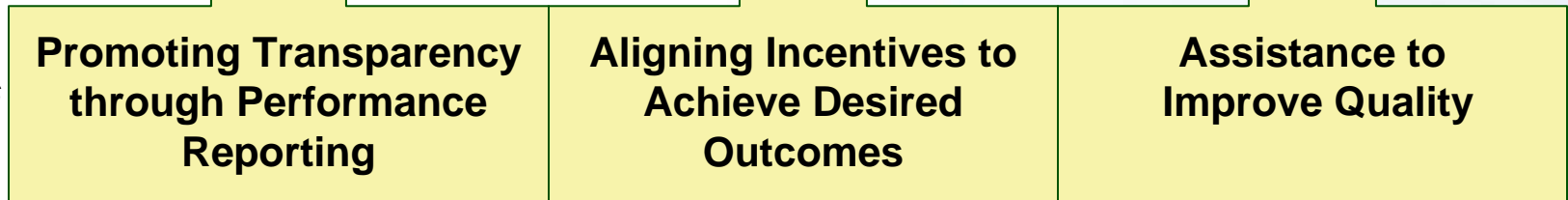
**Outcomes**



**Goals**

**Improved Quality of Care**  
**Increased Accountability for**  
**Healthy Choices**

**Key Strategies**



**Methods (examples)**

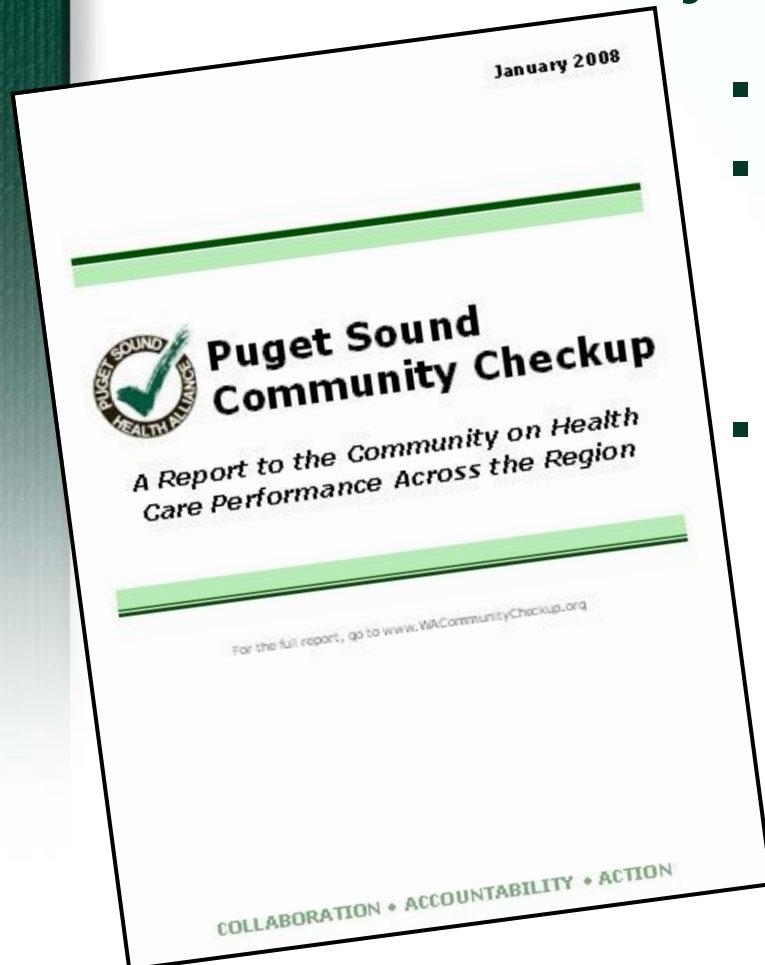
- Agreement on how to measure quality and value
- Public reporting on local health care
  - Quality Care Processes
  - Resource Use/Efficiency
  - Price
  - Patient Experience

- Public recognition
- Value-based benefit design
- Value-based purchasing
- Technology Adoption
- Possibly payment reform pilot(s)

- Feedback on performance
- Useful resources and tools
- Health Risk Assessments
- Support for Health Literacy
- Puget Sound QI Network

# Promoting Transparency: Puget Sound Community Check-up

[www.WACommunityCheckup.org](http://www.WACommunityCheckup.org)



- First report published in January 2008
- Establishes a baseline for understanding the health of our region ... giving everyone a snapshot of our health care system
- Key Messages:
  - Everyone has a role in making necessary improvements.
  - Everyone has room to improve.
  - Get the basics right.
  - Power of transparency and collaboration

# 1<sup>st</sup> Puget Sound Community Check-up

- Includes results for 14 volunteer clinic systems that have ~80 clinic locations with more than 6 providers
- 21 measures - all ambulatory
  - Diabetes, heart disease, depression, low back pain, use of generic drugs, appropriate use of antibiotics, and preventive care
- Data aggregated from 14 health plans and self-funded purchasers
- More than 1.6 million covered lives
- Reflects about 65% of the insured, non-Medicare population in the 5-county area
- Data span 36 months: 2004-2006

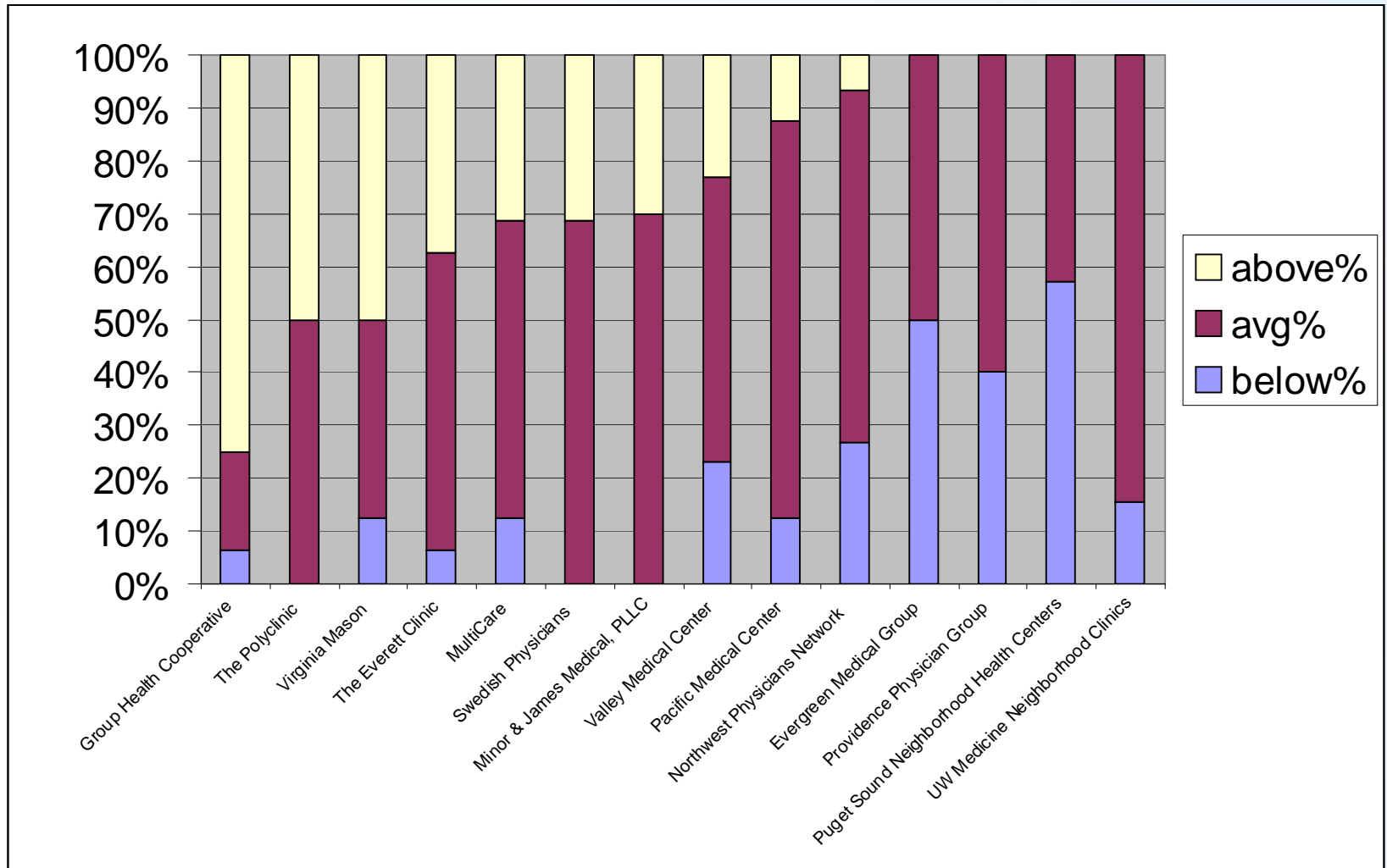
# Alliance Process for Producing Community Checkup

## Process is important!

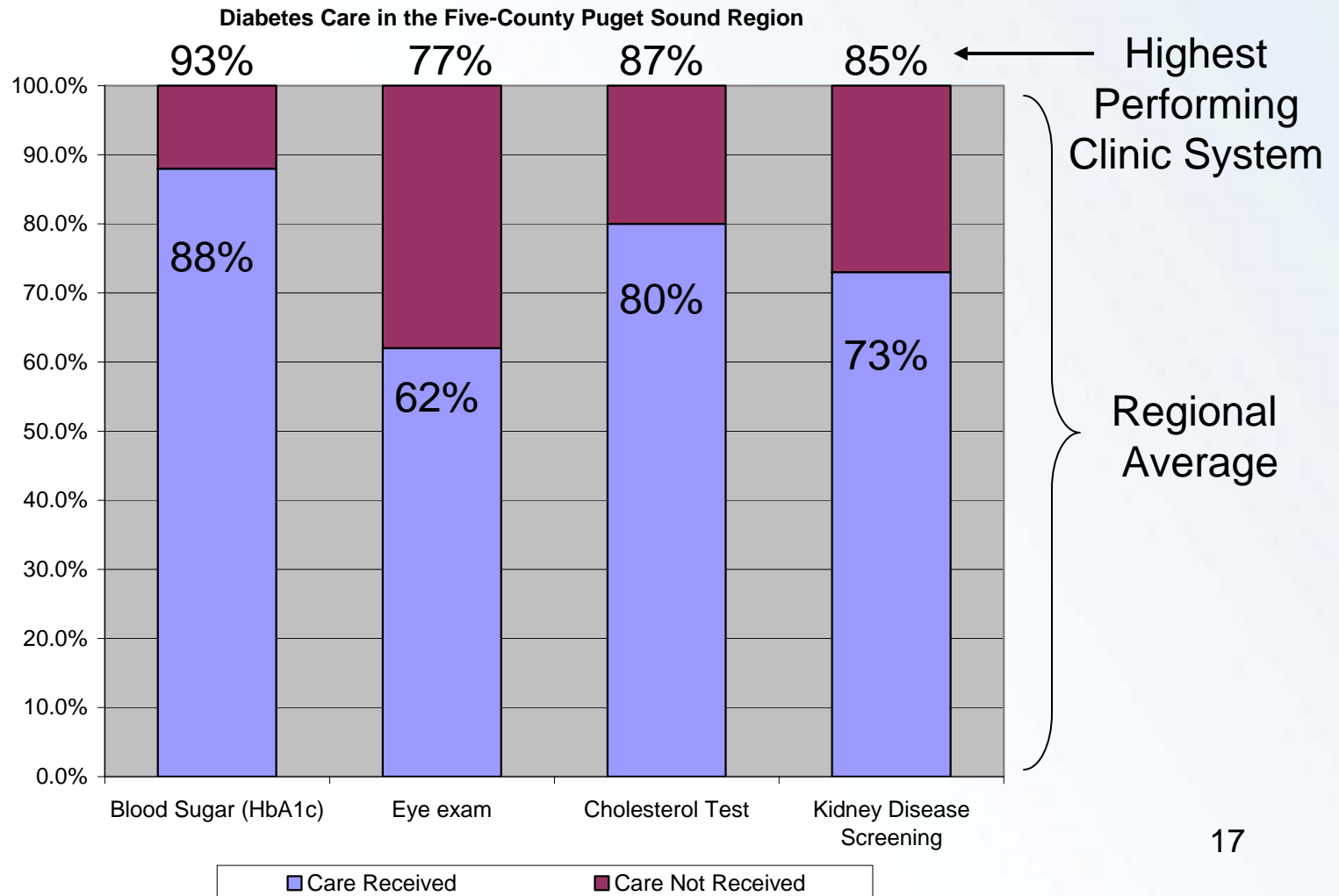
- Clinical Improvement Teams (CITs) and Quality Improvement Committee
- Public Meetings
- Tested different approaches (attribution, format, etc.)
- 100-day Reasonableness Review Period
- Rules for Use
  - Clinic level results shared publicly; individual provider results shared privately with clinic leadership
  - Use Results for Quality Improvement Purposes

The results cannot be used for: establishing networks, designing employee benefit packages, negotiating contracts, public relations, advertising or other marketing purposes.

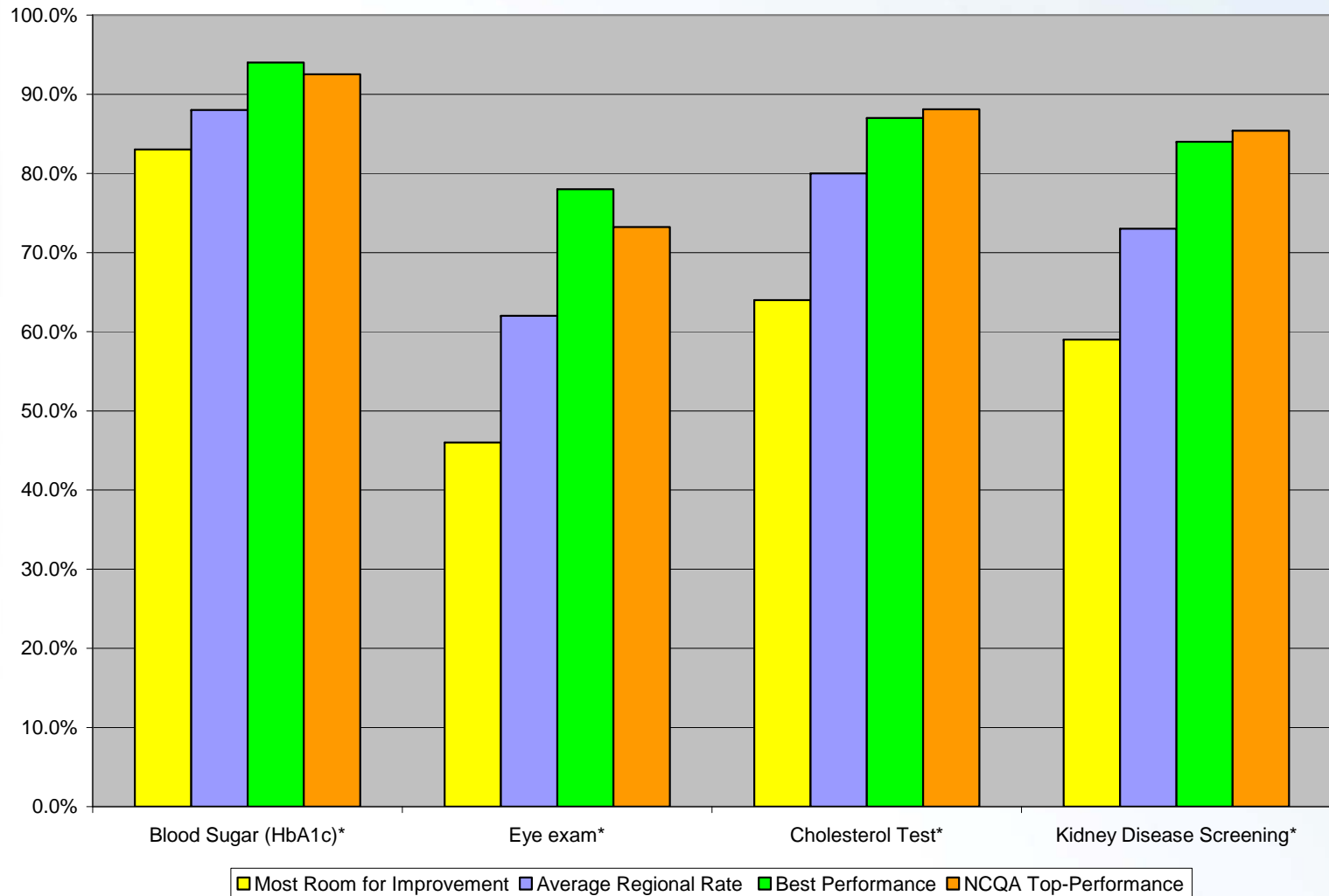
# Alliance Community Check-up Results Variation in Performance Overall



# What does the report tell us about. . .

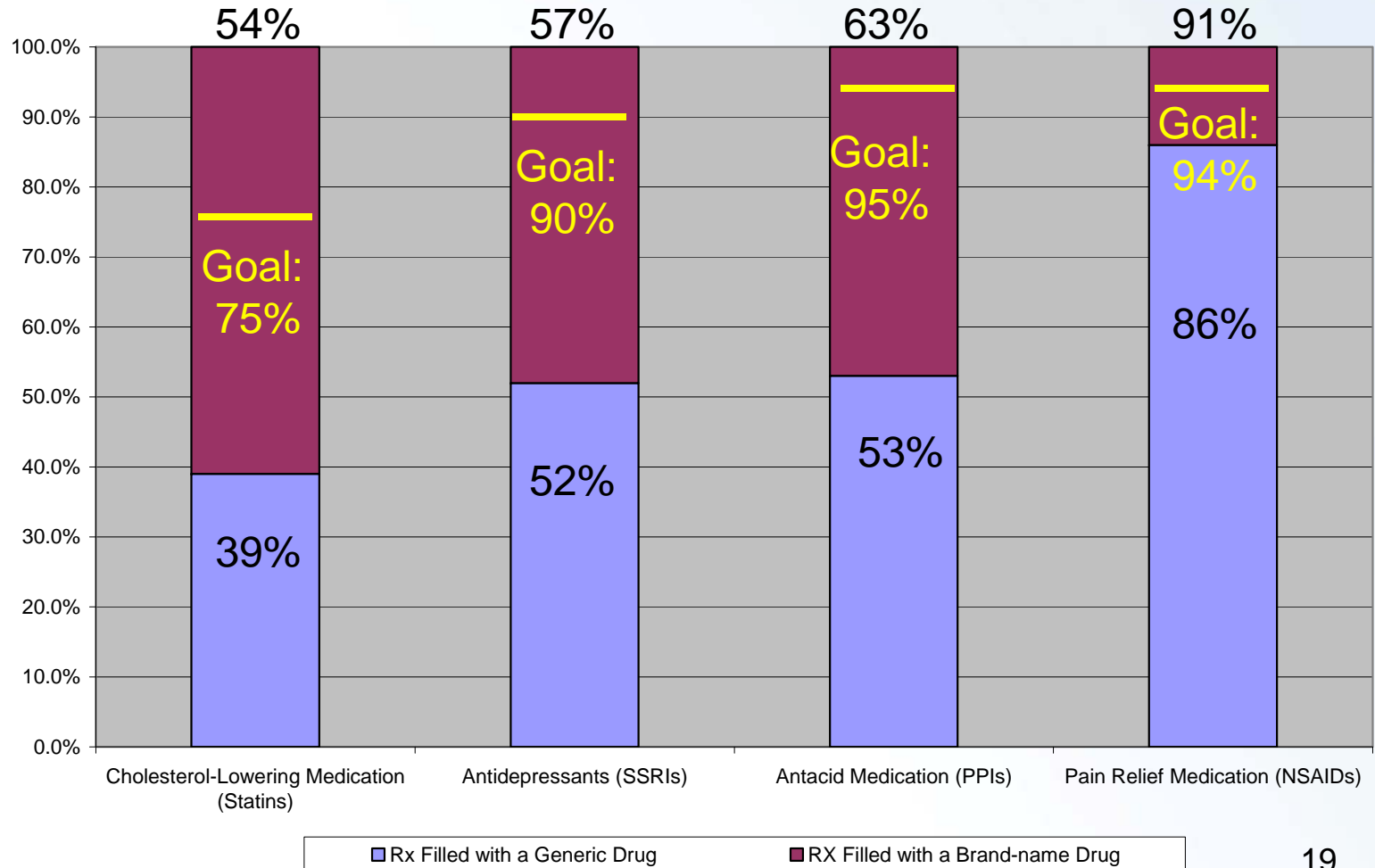


# Variation in Care: Diabetes as Example



# What does the report tell us about opportunity?

Use of Generic Medications Across the Five-county Puget Sound Region



Room for improvement on every measure and in every group, but . . .

Lots of Opportunity	Doing 'Reasonably Well'
Diabetes - regular eye exams, kidney disease screening	Diabetes - HbA1c, cholesterol testing
Depression Care - medication management, follow-up care	Heart Disease - cholesterol testing, use of medication
All areas of screening - <i>especially colon cancer</i>	Appropriate use of antibiotics - children with common cold
Appropriate use of antibiotics - children with sore throat	Avoidance of imaging for low back pain
Use of generic drugs	

## What Our Member Organizations Have Started Doing with the Report

### Employers/Union Trusts

- Place performance results and link to Community Checkup on organizational website and promote with employees
- Employee newsletters - promote specific issues, e.g., theme of the month
- Benefit design - really important!!
- *Future*: Contracting w/ health plans, delineate priorities

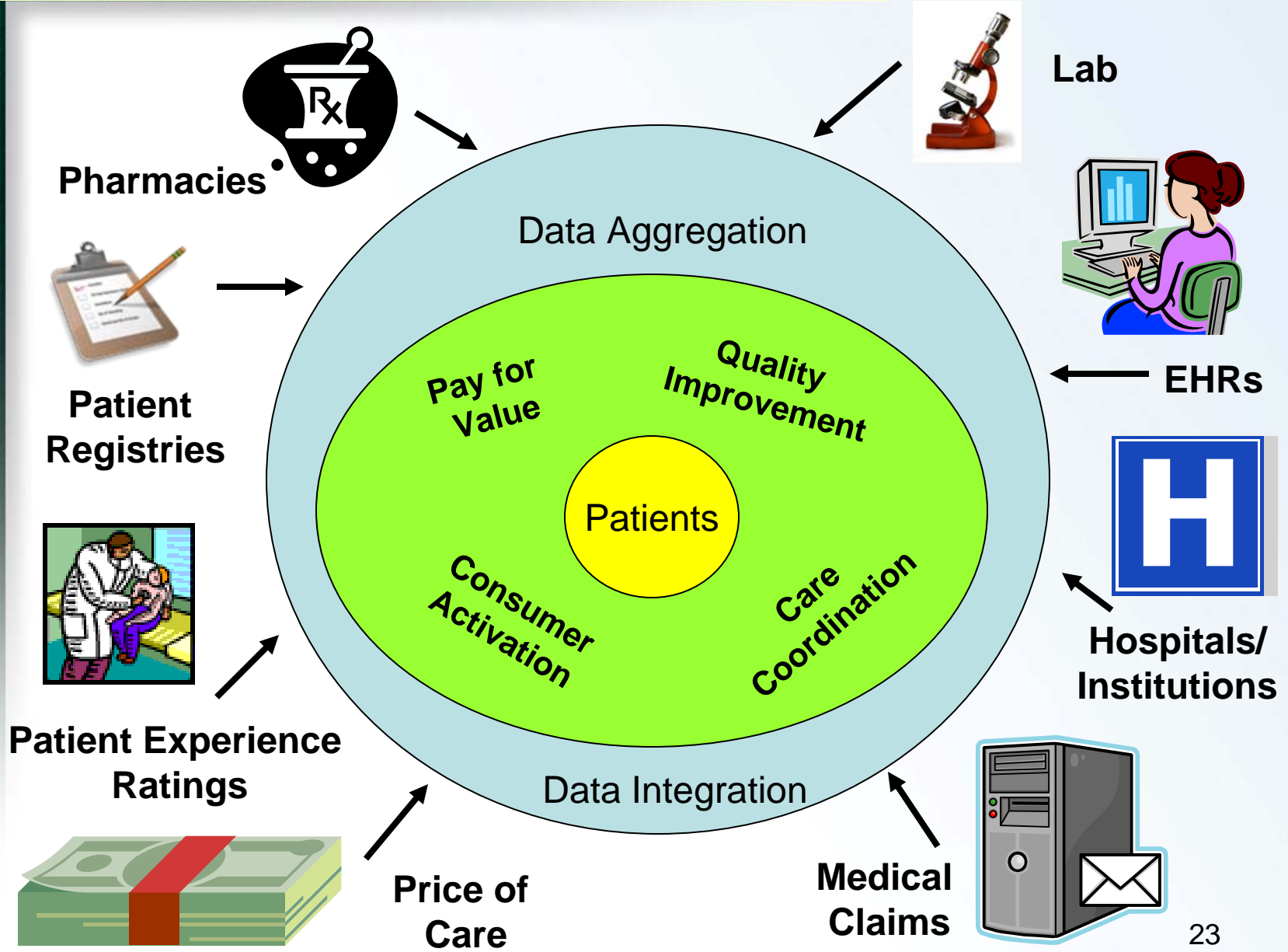
### Providers

- Arrayed their own data with comparisons, share with QI committee, providers, etc.
- Select 2-4 target areas to focus on internally
- Push 'systems' solutions (e.g., registries, EMR, teams)

# Building the ideal system for performance-based health care relies on:

1. Build the foundation for Performance Measurement
  - Prioritize areas of focus
  - Develop measures
  - National endorsement/agreement
2. Generate Performance Information
  - Aggregate and integrate data - many, many sources
  - Validation
  - Trusted methods for attribution
3. Report Performance Information
  - Report in multiple ways for multiple audiences
  - Promote use of information
4. Use Performance Information
  - Quality Improvement and Evaluation
  - Reduce/eliminate waste (overuse, misuse)
  - Pay for Value
  - Recognize improvement and achievement of excellence
  - Consumer Activation

# Comprehensive Data Needed to Generate Performance Information



## Near-Term Plans for Community Checkup Reports

- Expand from volunteer clinic systems to most clinics with 6 or more clinicians
- Vary sample size by measure (increase completion)
- Develop web-based reporting capacity
- Add asthma measure, maybe others later
- Include 40+hospital quality measures
- Add data suppliers, e.g., Medicaid and Medicare data as available
- Add NCQA “top-performance” comparison rates
- Plan for patient experience measurement/reporting
- Plan for resource measurement/reporting (efficiency)

## Longer Term Plans for Community Checkup Reports

- Incorporate aggregated clinical (EMR, lab) data
- Link results to race, ethnicity, language data

## Patient Experience in Physician Offices: What is Being Considered?

- Develop a *standardized* approach across the region to allow for comparison and public reporting
- Focus on patient experience (rather than satisfaction)
- Utilize the NQF-endorsed Clinician/Group-CAHPS survey (different from Health Plan CAHPS survey)
- Measure and report annually
- Use a mail-based mode of surveying, with the potential for on-line response
- Initially focus on groups of 6 or more to mirror other Alliance performance reporting
- Report at the group level initially
- Survey in 2009 for reporting in 2010

## Consumer Engagement

- Health literacy is *essential* for consumer engagement
- We're starting with a focus on people who are actively seeking health information (through libraries, patient navigators, consulting nurses) and helping them access information they can understand/use
- Current initiatives:
  - Web clearinghouse for resources to help patients [www.pugetsoundhealthalliance.org/resources/PlainHealth](http://www.pugetsoundhealthalliance.org/resources/PlainHealth)
  - Libraries partnership: "Prescription for Information" pilot
  - Community Check-up Roundtables

# Addressing Disparities

- New Focus of RWJF Aligning Forces for Quality
- Plan for community-wide data collection on race, ethnicity, primary language
- Over time - link to performance measures
  
- New data available June 5
  - Health Outcomes: *Rate of major leg amputations*
  - Getting Recommended care: *Mammography, HbA1c testing*
  - Orientation of Local Health System: *% of patients whose predominant ambulatory provider is a primary care MD*
  - Reliance on hospital-based care: *rate of hospitalization for ambulatory care-sensitive conditions*

## Alliance - Other Important Activities

- Work with employers, union trusts (benefits design, use of HRAs, employee education, workplace culture/policies)
- Surveys - providers, purchasers, consumers - 'uptake of recommendations'
- eValue8 (health plan evaluation)
- Puget Sound Quality Improvement Network
- RWJF - Aligning Forces for Quality Learning Collaboratives
  - Hospital/Nursing, Language Services, Promoting Equity, Medicaid QI, Ambulatory QI
- Affordability Workgroup - Interest in Payment Reform, examine areas with high variation in care, price transparency
- Washington State Collaborative (promote chronic care model)
- Washington Health Information Collaborative (promote EMRs)

# Thank You!

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