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Chair,
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Executive Director

Puget Sound
Health Alliance

**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

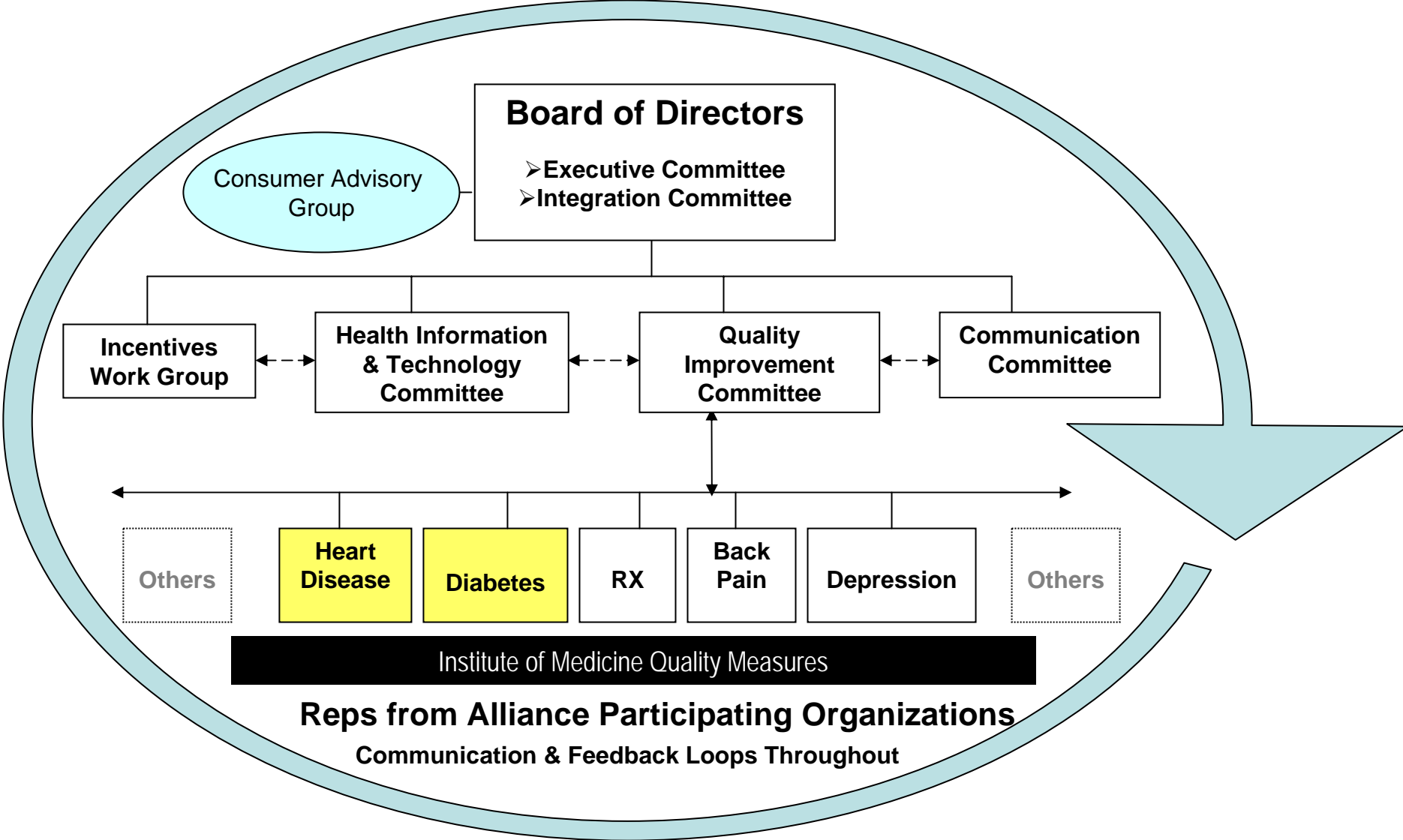
- One performance report, not one more report
 - Standard requirements to reduce complexity, duplication and inconsistency
 - Transparency and provider participation in defining and measuring quality and efficiency
- Greater use of technology to securely share data to provide effective, efficient care
- 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



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

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

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

*Collaboration. Accountability.
Action.*

Puget Sound Health Alliance

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