CIVITAS
Networks for Health

Member Roundtable

Driving Market Change Through Multi-Stakeholder Collaboration

Featuring the Washington Health Alliance

May 23, 2022

Housekeeping Reminders

- This is a Zoom meeting.
- Please **mute** yourself when you are not actively speaking.
- Please use the **raise hand** function to chime in with questions or comments and/or use the **chat** to share.
- Please share video if you are able.

Agenda

- **Welcome and Civitas Updates** - *Jolie Ritzo*
- **Member Presentation –** The Washington Health Alliance, *Denise Giambalvo, Director of Purchaser Strategies, Mark Pregler, Director, Data Management and Analytics*
- **Q&A/Discussion**

Civitas Updates

Just announced!

The Civitas Networks for Health 2022 Annual Conference, a Collaboration with the DirectTrust Summit

CIVITAS Networks for Health DirectTrust™

Event Information

Conference Registration

We're pleased to present a hybrid 2022 conference with options for both in-person and virtual attendance. Snag the Early Bird rate before Friday, May 27.

Please view our Conference Event Safety, Code of Conduct and Policies here.

REGISTER NOW

Hotel Reservations

Take advantage of our discounted hotel room block for conference attendees at the San Antonio Marriott Rivercenter.

Discounted room rate:
$159/night
Reservations must be made on or before July 22.

RESERVE A ROOM

Sponsor Prospectus

Be part of one of the most anticipated health data conferences of the year. Join us as a sponsor!

There are options at every price point.

VIEW PROSPECTUS

More event info on the Civitas website.

Let’s get the word out!

- We have a conference communications toolkit.
- Please retweet and repost content! Share when you register and highlight other aspects of the conference you are excited about.
- Use our hashtag #Together4Health2022

Upcoming Civitas Event

Our next **Collaboratives in Action:** ***It's December 2023 – Do you know where your data are? The definitive guide to ePHI, EHI Export, and Designated Record Sets*** is on June 9 from 1-2:30 pm.

Featuring:

- Elisabeth Myers, ONC
- Lauren Riplinger, AHIMA
- Lisa Bari, Civitas Networks for Health
- Richard Gibson, Comagine Health
- Steven Lane, Sutter Health

Registration is open!

Driving Market Change through Multi-stakeholder Collaboration

Civitas Networks for Health
May 23, 2022
Denise Giambalvo
Mark Pregler

WASHINGTON HEALTH ALLIANCE
Leading health system improvement

Mission and Vision

The mission of the Washington Health Alliance is to build and maintain a strong alliance among purchasers, providers, health plans, and consumers **to promote health and improve the quality and affordability of the health care system in Washington state**.

Our vision is that physicians, other providers and hospitals in Washington will achieve **top 10% performance in the nation** in the delivery of equitable, high quality, evidence-based care and in the reduction of unwarranted variation, resulting in a significant reduction in the rate of medical cost trend.

Diverse Stakeholder Membership

WASHINGTON HEALTH ALLIANCE

Today at the Alliance: We Have Three Main Functions

We are a **TRUSTED CONVENER**
for stakeholders, promoting a collective conversation to transform care delivery and financing in Washington state

Driving **ACTION**:

Promote and align strategies to have impact and improve performance based on data-driven insights

Promoting **TRANSPARENCY**:

Performance measurement and reporting is a core competency of the Alliance

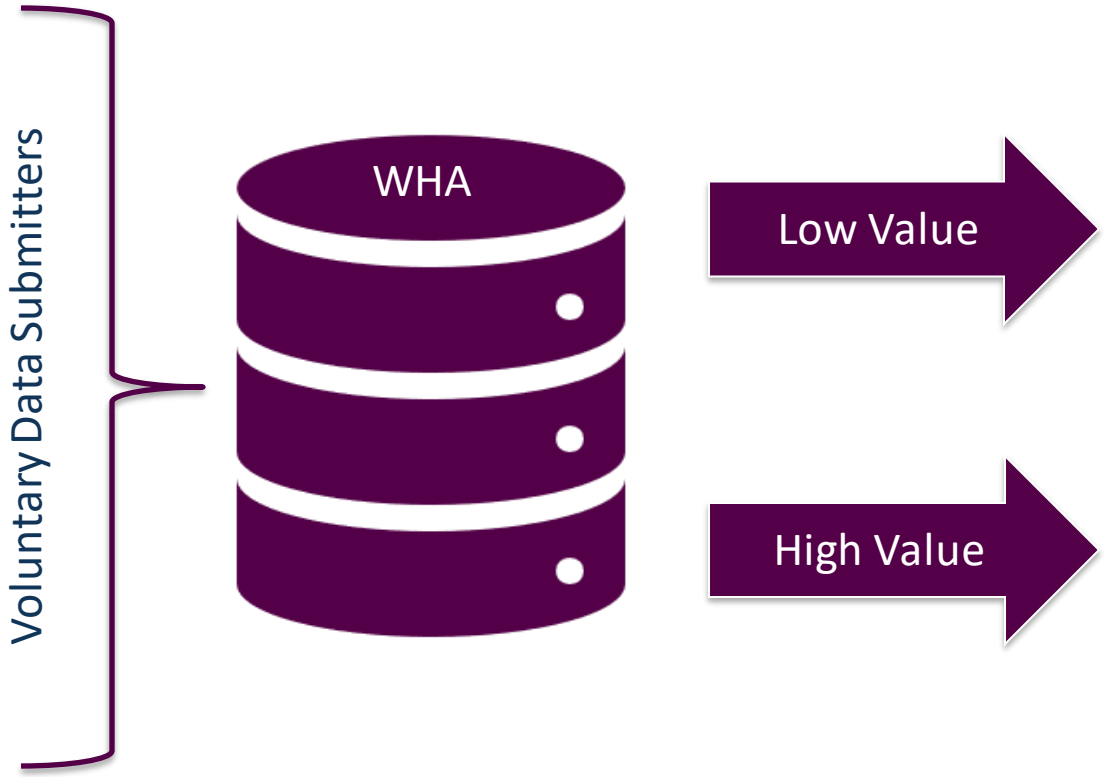
Phase 1: Aligning to Drive Value

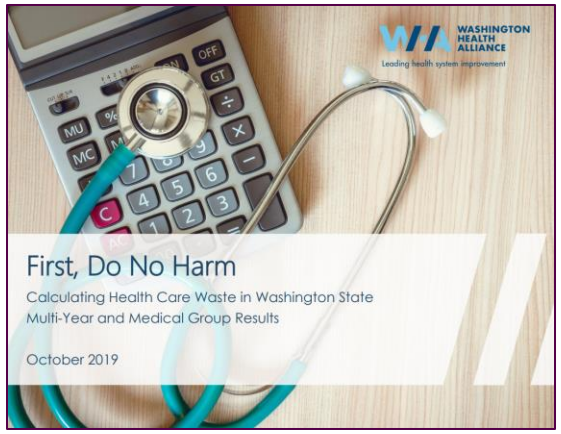
Overall Aim:

Use data and convening to inform and motivate purchasers to act individually and collectively to improve the value of care for their plan participants.

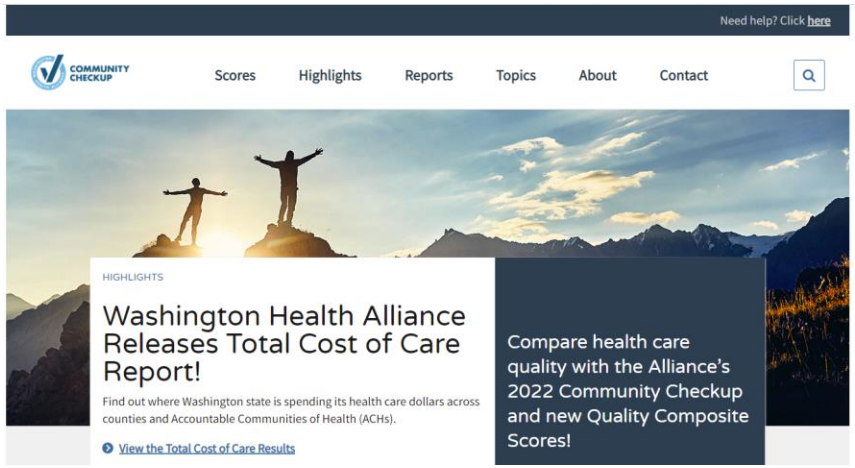
Driving Value Project

Using data to drive action





*Produced using the Milliman MedInsight Health Waste Calculator™



Health Waste Calculator Top Low-Value Services

Measure	WA State	A	B	C	D	E	F	G	H
Annual EKG or cardiac screening in individuals who are low-risk and without symptoms (M)	1	1	1	2	3	1	1	2	2
Opiates for acute low back pain (H)	2	2	2	1	1	5	4	1	1
Antibiotics for acute URI and ear infections (L)	3	4	4	4	2	2	2	3	3
Pre-operative baseline lab studies prior to low-risk surgery in healthy individuals (L)	4	5	5	3	5	3	3	4	4
PSA screening for prostate cancer in men (M)	5	3	3	10	4	4	5	5	5
Imaging tests for eye disease (L)	6	6	8	5	6	6	7	10	9
Too frequent cervical cancer screening in women (M)	7	7	7	7	10	8	8	9	7
Routine general health checks in adults 18-64 (L)	8	9	9	15	7	7	9	8	8
Screening for vitamin D deficiency (L)	9	8	6	6	8	9	6	6	6
NSAIDS prescribed for adults with hypertension, heart failure or chronic kidney disease (M)	10	10	11	8	9	11	11	11	10
Imaging for low back pain within 6 weeks of diagnosis (M)	11	11	10	11	11	10	10	7	11
Too frequent colorectal cancer screening adults 50-74 (L)	14	13	16	9	19	15	12	22	16

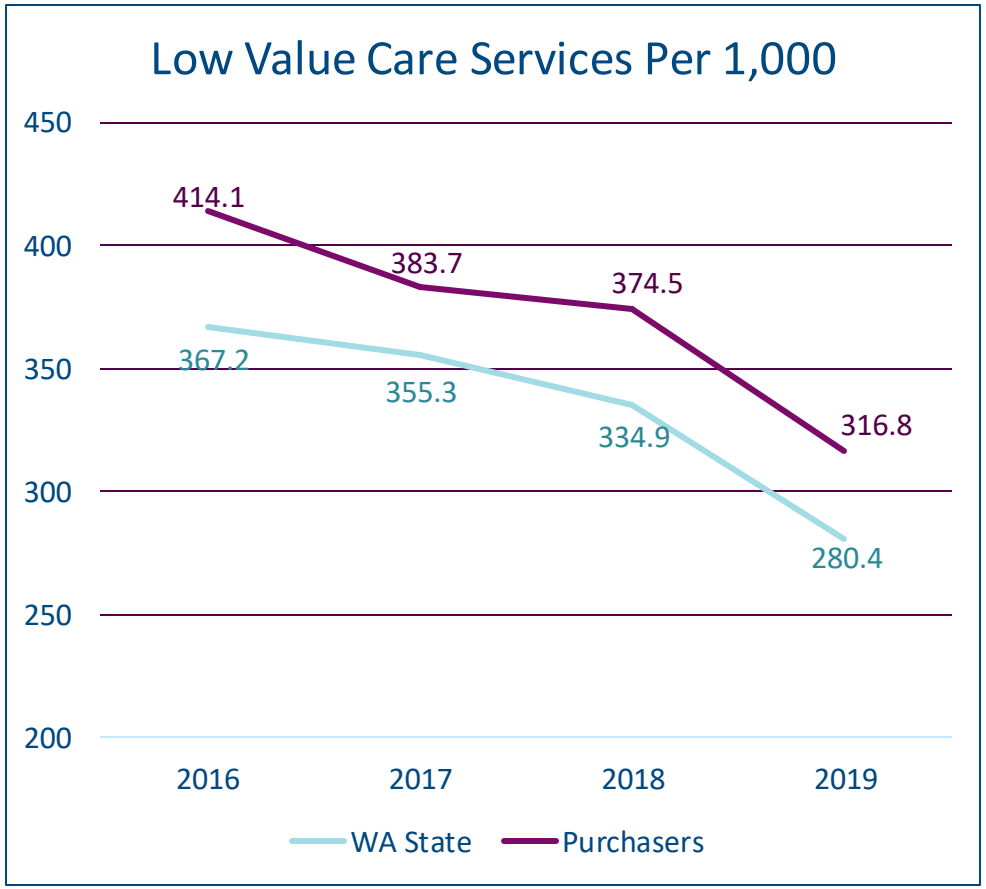
What We Found In The Data on Low Value Care

(42-month period from 1/1/2016 – 6/30/2019)

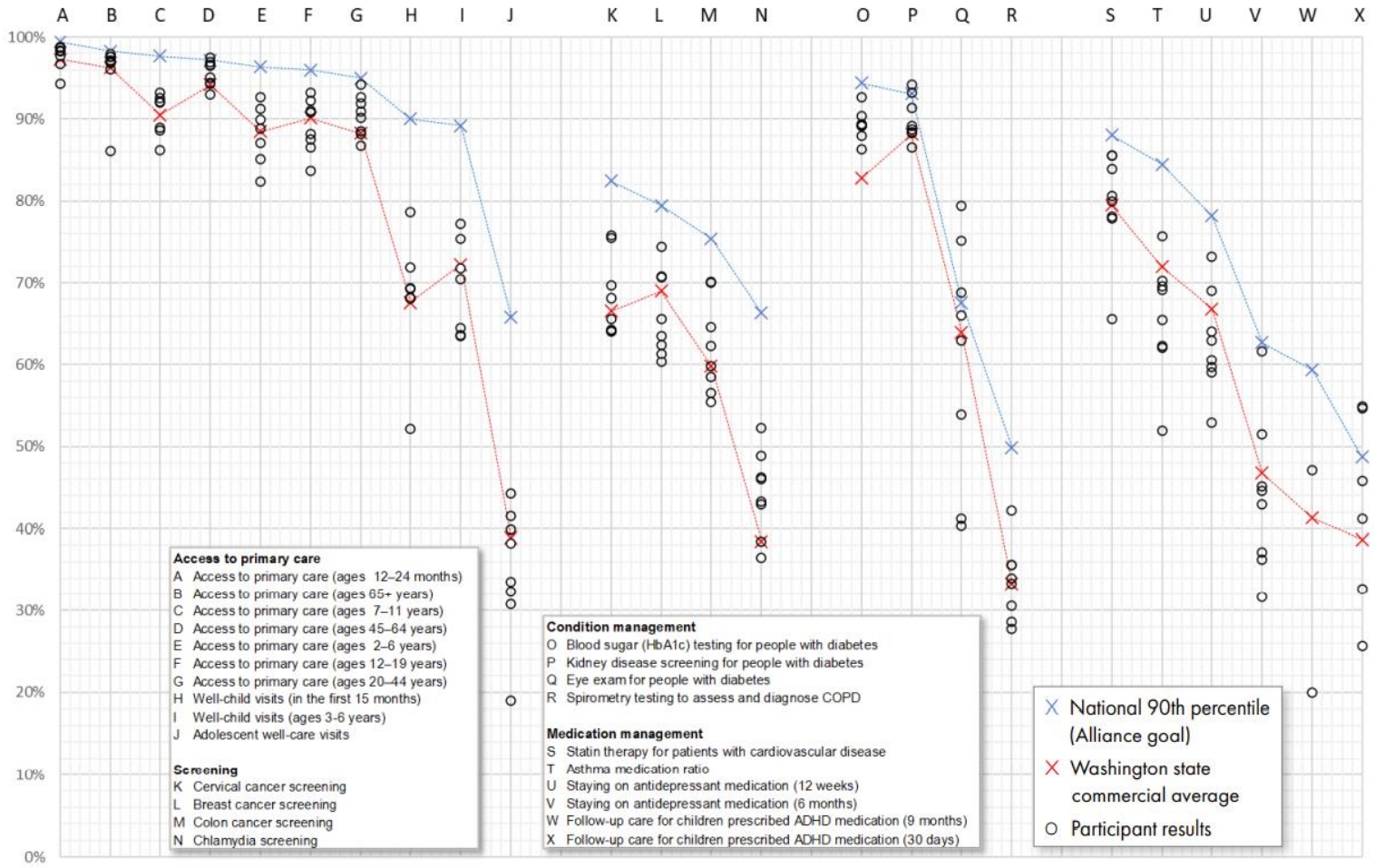
~20% individuals received at least one low-value service

> $320 million was spent on low-value care by these eight purchasers

The average cost per low-value service is ~ $129.00



What We Found in the Data on High Value Care



Phase 2: Taking Action on Low Back Pain

Overall Aim: Advancing the market to improve the value of care for all patients with low back pain in Washington state.

Low Back Pain: The Problem in Washington State

In 2020, more than 72,000 Washington residents received low-value care:

- more than 140,000 low-value services (inappropriate opioid prescriptions and unnecessary X-rays, MRIs and CT scans)
- at an estimated cost of nearly $10 million*

*Data from the Alliance's All-Payer Claims Database.

Strong Evidence-Base With Poor Implementation

Invitations to Participate

Communicated the markers for success:

- aligns incentives for patients and providers,
- addresses equity concerns,
- ensures maximum adoption of the well-established evidence, and
- informs policies and/or market actions that break down barriers to implementation.

Participation Agreement commitments:

- implement benefit design, provider payment, and /or educational strategies by 2023;
- allocate corporate resources capable of committing on behalf of the organization; and
- participate in collaborative work starting in Feb. 2022 and lasting through March 2023.

Multi-Stakeholder Participants-14 Purchasers

- Association of Washington Cities
- Bloodworks Northwest
- The Boeing Company
- City of Seattle
- Davis Wright Tremaine
- King County
- Point B
- Port of Seattle
- SEIU 775 Health Benefits Group
- Seattle Metropolitan Chamber of Commerce/
- Business Health Trust
- Teamsters
- UFCW 21
- Washington Health Benefit Exchange
- Washington State Health Care Authority

Multi-Stakeholder Participants- 7 Providers

- Confluence Health
- MultiCare Health System
- Proliance Surgeons
- UW Medicine
- Virginia Mason Franciscan Health
- Washington Optum Care
- WA State Chiropractic Association

Multi-Stakeholder Participants

4 Health Plans

- Aetna
- Kaiser Permanente Washington
- Premera Blue Cross
- Regence BlueShield

5 Affiliates

- American Physical Therapy Association
- Aon
- Dr. Robert Bree Collaborative
- WA Acupuncture and Eastern Medicine Association
- Washington State Department of Labor and Industries

Progress to Date-Launch

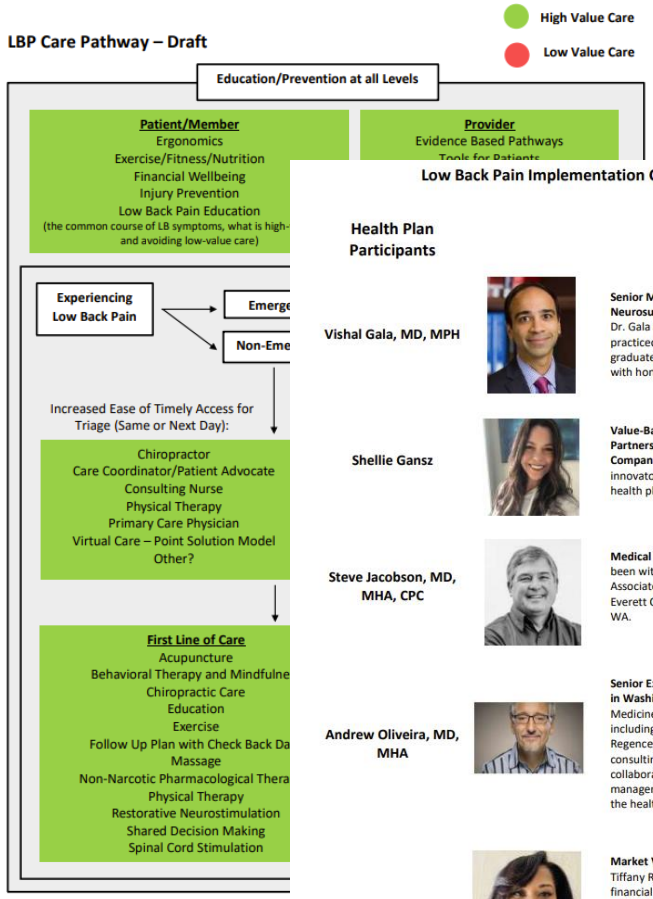
February 3rd

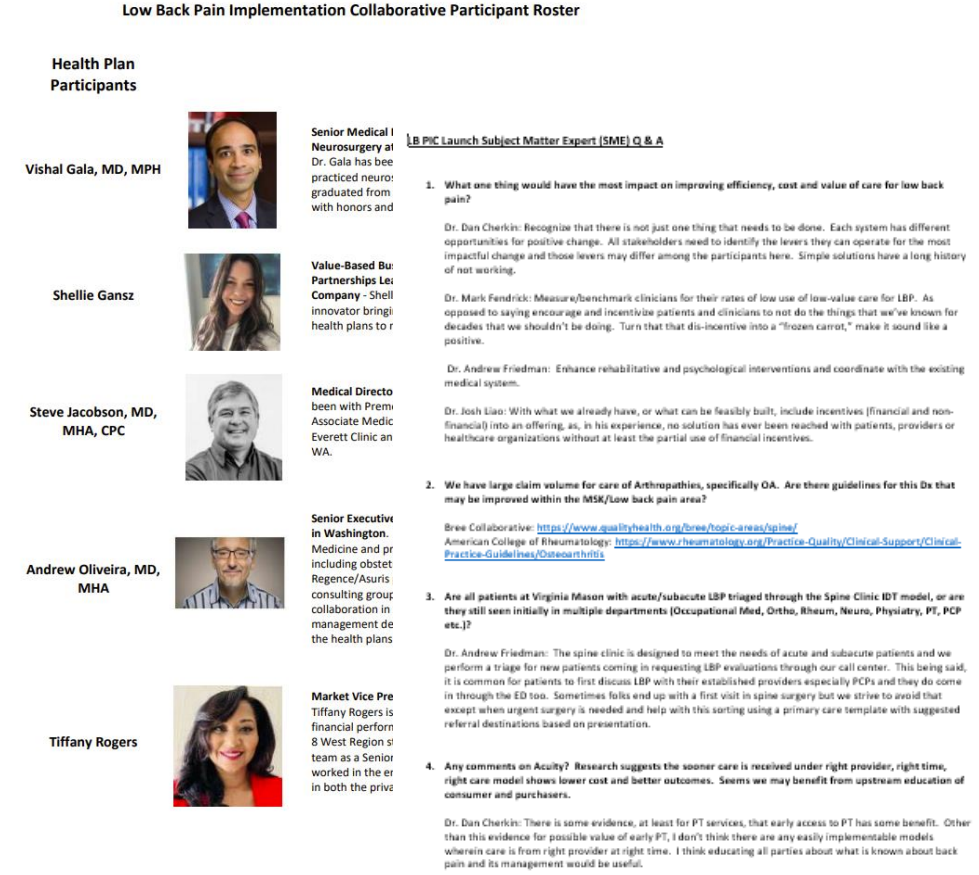
- Resources
- Education by subject matter experts
- Facilitated breakout sessions to share key ideas and identify actions

Progress to Date-Stakeholder Meetings

March 8, 9, and 10

- Care Pathway
- Participant roster
- Follow up Q & As from launch





Progress to Date- Multi-Stakeholder Meetings

April 16

- Bright spots since launch
- Gain consensus on Care Pathway
- Collaborative breakout sessions

Bright Spots

Kristin Villas

Drew Oliveira, MD
Claire Verity

Long Nguyen, DO
Lindsey Whitney, RN

LB PIC All-Stakeholder Meeting 4/26/2022 – Break Out Session Questions

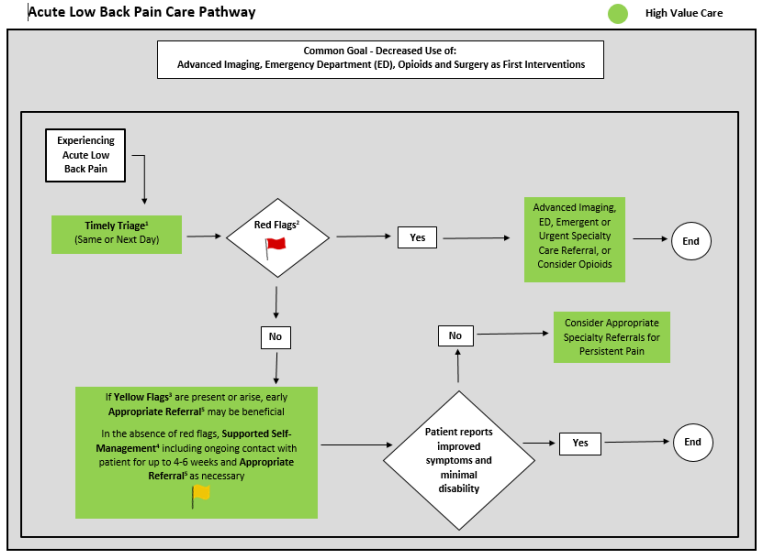
Now that we have agreed to the care pathway for people with acute low back pain in Washington, let's explore the ways we can work together collaboratively through a multi-stakeholder team to drive significant market change.

1. We all agree that the start of a person's journey matters and sets the course for strong evidence-based care. What actions can we take to ensure that patients get timely triage and appropriate access to high-value care options (as depicted in the care pathway)?
   - Coverage (Discuss the LBP Episode of Care payment model that exists and are purchasers adding it to their plan?)
   - Enhanced access/same day appointments; virtual care/triage; email option for patient/provider communication, etc.
   - Incentives (financial and non-financial, outside-of-the box)

2. The recent survey responses show collective interest in educating members/employees, patients and providers. Opportunities to provide supportive tools to all stakeholders also exist. What are the best modes of communication for this to be most effective? Would you agree to a coordinated effort across stakeholders?

3. What changes will you make and how will you measure advancing the agreed upon care pathway within your organization?

4. What do you anticipate being your greatest barrier to your stakeholder group? And what barriers will other stakeholder groups experience? What is the Collective's greatest barrier to success of this initiative?



Questions?

dgiambalvo@wahealthalliance.org

mpregler@wahealthalliance.org

WASHINGTON HEALTH ALLIANCE

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CIVITAS
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Contact

www.civitasforhealth.org

twitter.com/civitas4health

contact@civitasforhealth.org