

**STATE QUALITY IMPROVEMENT INSTITUTE  
WASHINGTON UPDATE  
FEBRUARY 2009**

**WHAT IS THE LATEST PROGRESS YOUR STATE TEAM HAS MADE IN ITS QUALITY IMPROVEMENT EFFORTS?**

Washington's Quality Institute team efforts, focused on the concept of a patient-centered medical home, have fallen generally under one of the three policy levers identified in our original proposal.

**a. Expand patient-centered medical homes**

- *Training for Physician Practices:* Directed by the Department of Health (DOH), work in developing the Washington Patient-Centered Medical Home Collaborative is progressing well. Changes that practices need to make to implement a medical home were developed and vetted with 6 focus groups of primary care providers and key stakeholders from November - January. The "Change Package" has eight themes (Engaged Leadership, Quality Improvement Strategy, Patient-centered Interactions, Organized Evidenced-Based Care, Continuous and Team-Based Healing Relationships, Enhanced Access, Population Management, and Care Coordination) and is aligned with the Commonwealth Safety Net Medical Home Project coordinated by Qualis Health<sup>1</sup>. Measures used to determine the effect of the training and primary care practice adoption include: assessment of the elements of a medical home in a practice, clinical outcomes, patient experience, provider experience and changes in cost and utilization. Financing for implementation is a mix of state, health plan and federal funds. Interest from primary care practices is keen – many have requested enrollment materials (to be available in March 2009), however the number of participants will be constrained by the level of state funding appropriated by the 2009 Legislature.

**b. Develop payment strategies to support medical homes**

- *Governor's Request Bill:* In December we distributed the final report of our interagency assessment of opportunities for changing payment practices in ways that would better support development and maintenance of primary care practice settings. Further discussions linked findings from the report with the Governor's vision for a better health care system. At the Governor's request Senate Bill 5891 has been introduced in the current Legislative session (<http://apps.leg.wa.gov/documents/billdocs/2009-10/Pdf/Bills/Senate%20Bills/5891.pdf>). It directs State agencies to continue their previous work through the design and implementation of one or more primary care medical home reimbursement pilots.
- *Stakeholdering Conversations:* Conversations with key stakeholders continue with the immediate focus on putting together realistic purchaser and payer frameworks to guide public-private collaboration in the current economic climate. Consistent with recommendations from our December report, the plan is for the State and the Puget Sound Health Alliance (PSHA) to co-convene interested parties in a more formal way over the next several months.
- *Link with Other States' Work:* Last month the PSHA facilitated an informative conversation with Chris Koller from Rhode Island, to shed light on the context in which RI was able to get their medical home pilot off the ground. The PSHA is also pulling together a comprehensive summary of the status of other multi-payer demonstrations around the country as a reference for the work going forward.

**c. Develop communication strategies for engaging consumers**

- *PSHA Reporting:* The PSHA is getting ready to release its Community Checkup performance results by payer type and has worked closely with the State Medicaid program in this endeavor. This report will include ambulatory quality measures by medical group by payer type (commercial, Medicaid fee-for-service, and Managed Medicaid).

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<sup>1</sup> With the goal of developing and demonstrating a replicable and sustainable implementation model for medical home transformation, [The Commonwealth Fund](#), [Qualis Health](#) and the [MacColl Institute for Healthcare Innovation](#) launched a national demonstration project to help primary care safety net clinics become high-performing patient-centered medical homes. Four Regional Coordinating Centers will be selected for the project early next month. For more information see: <http://qhmedicalhome.org/safety-net/>

- *Shared Decision-Making Demonstrations:* In July 2007 Washington became the first state to enact legislation establishing increased legal protection to physicians whose patients sign an acknowledgement that patient decision aids (PDAs) were used during informed consent (E2SSB 5930). The same legislation mandated, but did not fund, the state Health Care Authority (HCA) to implement decision aid demonstration projects in one or more multispecialty group practices. In response to this legislation, HCA has convened a Shared Decision-Making Collaborative Stakeholder Group (Collaborative), with representatives from the PSHA, University of Washington (UW), Group Health Cooperative (GH), Washington State Medical Association (WSMA), and several multispecialty group practices. Progress is occurring along 2 complementary paths.
  - (a) **Group Health has begun system-wide implementation of decision aids** for 13 preference-sensitive conditions related to elective surgical procedures, and PSA screening. This effort is being led by a multi-disciplinary team of administrative and clinical leaders from the GH system with a goal of achieving 20,000 patient decision aids viewed this year. Group Health's Center for Health Studies is undertaking a comprehensive evaluation of this initiative funded through several major sources, including the Commonwealth Fund, the Foundation for Informed Medical Decision-Making (FIMDM), and the Group Health Cooperative Foundation.
  - (b) Concurrent with the Group Health effort, several other major multispecialty groups have now agreed to participate and are working closely with UW researchers and Collaborative leaders to **pilot and evaluate shared decision-making and patient decision aids in the fee for service environment**. The proposed pilot demonstration/evaluation complements Group Health's work and is structured to provide early information regarding the challenges and experiences of purchasers, payers, providers, and patients in implementing shared decision-making and patient decision aids (SDM/PA) in health care organizations predominantly reimbursed by fee-for-service (FFS) -- not capitation -- and that also primarily compensate individual primary care and specialty providers on a production (FFS) basis.

Recently, several representatives from the Collaborative attended the FIMDM 2009 Research and Policy Forum in Washington DC, where QI team member Karen Merrikin presented on the Collaborative. It will also be a featured topic at the April 17th American Healthcare Journalists national conference.

- *Unwarranted Variation Workshops:* In early January, the Collaborative sponsored a day long series of workshops with nationally renowned shared decision-making experts, including Jack Wennberg, Founder of the Dartmouth Atlas, Richard Wexler from the FIMDM and David Verof from Health Dialog. Sessions included an overview of specific data on unwarranted variation in Washington with a particular focus on preference sensitive care for a broad group of WA payers, purchasers, providers, policymakers, and researchers. The common agenda was to discuss opportunities for improving quality of care and reducing unwarranted variation by empowering patients with better information about their treatment options. Interactive discussions for current and potential practice sites focused on data-related issues and details of implementing PDAs with a focus on reducing "misuse" of care by targeting preference-sensitive conditions.

Later in January, Collaborative participants also met with Consumer Reports representatives to discuss their relatively new Health Ratings Center with groups of Washington's health care purchasers, providers, policymakers and payers interested and engaged in shared decision-making activities. One focus was to solicit feedback on their new web tool, which ranks hospitals based on variation in measures of "aggressive" and "conservative" care in the last 2 years of life. (It uses claims data for the same population as the Dartmouth Atlas report on the experience of people with chronic illnesses.) A second focus was to initiate thinking on potential opportunities for leveraging Consumer Reports' work with WA efforts to help consumers make informed health-care decisions.

- *Unwarranted Variation Inpatient Atlas Research:* Continued research into practice variation in Washington hospitals uncovered a striking difference between King County and the rest of the state for rates of hysterectomy among women aged 25-29, a younger-aged group than typically expected to undergo a hysterectomy. (Rates for older women are consistent across the state). Information has been shared with a

variety of provider and payer representatives in an effort to understand potential reasons, including those that may be related to limited accessibility to data on outpatient hysterectomy services.

**WHAT IS SOMETHING YOUR STATE TEAM HAS LEARNED AS IT WORKS TO IMPLEMENT THE QUALITY IMPROVEMENT EFFORTS OUTLINED IN YOUR FINAL ACTION PLAN?**

**AND**

**WHAT HAS YOUR STATE TEAM BEEN CHALLENGED BY DURING THIS PROCESS?**

- Our interagency assessment of payment options to support medical homes raised potential legal and procedural issues that have implications for our ongoing stakeholdering activities. In particular, anti-trust limits on payers and provider restrictions regarding financial arrangements with each other appear to be key issues for Washington State. This is an area in which QI expert guidance could be invaluable – the challenge at this point is one of timing.
- In a fiscal environment that is clearly constraining, we have to be careful to avoid becoming paralyzed into inaction because ideal levels of resources (e.g., time, money and expertise) needed to make extensive progress quickly cannot currently be supported. We’re finding that to keep quality improvement efforts moving forward, it’s important to recognize and leverage the many private and public efforts underway, wherever possible. This also highlights a considerable challenge – complementing existing efforts to avoid reinventing the wheel and duplicating others’ work, requires considerable coordination attention. Even with the solid working relationships built up over years of public-private and public-public collaboration, this can be difficult.
- Washington’s research (inspired by the Dartmouth Atlas) continues to highlight and dig deeper into understanding areas of variation in provider practice. The challenge continues to be in determining effective communication approaches to turn the research into action and to ensure that the research stays focused on “applied” policymaking.
- Current primary care practices are in different stages of evolution towards becoming a medical home. Legislative interest is in testing medical home reimbursement in practices that already engage in medical home activities to some degree. However, our work shows that payment options most likely to actually achieve goals of a high-performing health system are least applicable to solo and small provider practices whose viability is most precarious. The ongoing challenge in developing potential demonstrations for payment reform is to not lose sight of the implications for practical and feasible support of practices that are least evolved in medical home development.