

Dear Community Member,

You are receiving this Alliance Update because of your community involvement and the interest in health care improvement that we all share. The Alliance just completed its inaugural year. I hope that you will join me in thanking the more than 80 organizations in the Alliance, with over 100 individuals working together to improve the quality, efficiency and value of the health care system in King, Kitsap, Pierce, Snohomish and Thurston counties. Each month more join, contributing time, expertise and financial support to the Alliance, which is a private, non-partisan, non-profit 501(c)3.

In 2006, we will build on the strong foundation created in 2005. By the end of this year, we expect to be producing health care performance reports to encourage quality improvement and control of the rate of cost growth. This involves working together on clinical quality measures, health information and technology, and communication. To learn more about how to become a part of the Alliance, please contact us anytime.

Sincerely,

*Margaret Stanley
Executive Director*

Alliance Adopts the Institute of Medicine Quality Performance Measures

On December 1st, the Institute of Medicine (IOM) produced the report [Performance Measurement: Accelerating Improvement](#) which includes their recommended starter-set of measures for quality improvement efforts as applied to physicians, hospitals, health plans and others. The Alliance Quality Improvement Committee took action right away and adopted the IOM measures as the basis for the Alliance quality performance measurement and reporting. This is to ensure that the work of the Alliance is consistent with the common infrastructure being created across the country to guide and manage quality improvement, measurement and reporting in health care. IOM announced that they will produce additional reports in 2006, one of which will address payment incentive strategies that incorporate the quality improvement measures.

Welcome to New Participating Organizations and Individuals

- Community Health Innovations, Inc.
- HealthTrans
- Inland Northwest Health Services
- Northwest Kidney Centers
- PacifiCare Health Systems
- Washington Association of Naturopathic Physicians
- Washington Biotechnology & Biomedical Association
- Washington Health Foundation
- Megan L. McIntyre

Opening: Health Information Technology Director

The Alliance is accepting applications for the Health Information Technology Director. This fulltime position will support the Health Information & Technology Committee and will report to the Program Director. For more information, contact Lance Heineccius at (206)448-2570 or lance@pugetsoundhealthalliance.org

Clinical Improvement Teams

Alliance Clinical Improvement Teams are groups of physicians and other experts who are responsible for identifying the evidence-based care guidelines for quality care that will be used in the Puget Sound region, along with related performance measures which will be the basis for reports to the community. They also identify strategies to ensure that physicians, hospitals, consumers, health plans and employers have useful tools to change certain behavior in ways that improve the value we all get from the health care system in the Puget Sound region.

The teams working on quality improvement regarding care for heart disease and diabetes have made great progress: they have identified preliminary guidelines and performance measures and are now working on specific strategies for implementing local change. Three new clinical improvement teams were recently formed, to focus on prescribing of medications, back pain and depression.

Rx Clinical Improvement Team

1. Jim Carlson, Director of Clinical Pharmacy Services, Group Health Cooperative
2. Steven Hall, Director, Employer Market, West, Johnson & Johnson
3. Ray Hanley, Senior Prescription Program Manager, Health Care Authority
4. Ed Wong, Director of Pharmacy, Premera
5. Sepi Soleimanpour, District Pharmacy Supervisor, Walgreens, Seattle North District
6. Sean Sullivan, Professor of Pharmacy, Director, Pharmaceutical Outcomes Research and Policy Program Pharmacy & Health Services, University of Washington
7. Yvonne Tate, Human Resources Director, City of Bellevue
8. Michael Tronolone, MD, Polyclinic
9. John Verrilli, Internist, Minor & James Clinic
10. David West, Chief of Pharmacy, Swedish Medical Center
11. Jennifer Wilson, Pharmacy Director, The Everett Clinic
12. Art Zoloth, Vice President, Northwest Pharmacy Services

Depression Clinical Improvement Team

1. Laura Boyd, President, Health Care Purchasers Association
2. Ronald Cohen, Medical Director, Valley Medical Center, Renton
3. Bob Crittenden, Professor and Chief of Family Medicine Service, Harborview Medical Center
4. Lucy Homans, Director of Professional Affairs, Washington State Psychological Association
5. Paul Schoenfeld, Director, The Everett Clinic Center for Behavioral Health

6. Greg Simon, Senior Investigator, Center for Health Studies, Group Health Cooperative
7. Diane Stein, Medical Director, Behavioral Health Unit, Regence
8. Jeffery Thompson, Medical Director, Medical Assistance Administration
9. Jurgen Unutzer, Professor and Vice-Chair of Psychiatry, University of Washington
10. Elaine Walsh, Assistant Professor, University of Washington, School of Nursing

Back Pain Clinical Improvement Team

1. Lydia Bartholomew, Sr. Medical Director of Care Review, Qualis Health
2. Dianna Chamblin, Director, The Everett Clinic Occupational Health Center
3. Dan Cherkin, Center for Health Studies Researcher, Group Health Cooperative
4. Andrew Cole, Physiatrist, Northwest Spine & Sports Physicians
5. Andrew McIntyre, Clinical Faculty, Acupuncture and Oriental Medicine, Bastyr University
6. Richard Deyo, Co-director Robert Wood Johnson Clinical Scholars Program, UW School of Public Health & Community Medicine
7. Andrew Friedman, MD, Virginia Mason Medical Center
8. Roger Herr, Physical Therapist, Home Care Association of Washington/Physical Therapy Association of Washington
9. Melinda Maxwell, Owner, Chiropractic Wellness Centers
10. Tom McCarthy, Senior Vice President, First Choice Health Network
11. Sohail Mirza, Surgeon, Associate Professor, Orthopedics and Sports Medicine
12. Robert Mootz, Associate Medical Director for Chiropractic, Department of Labor & Industries
13. Steven Overman, Medical Director Rheumatology, Director Musculoskeletal Planning and Development, Clinical Associate Professor of Medicine, Northwest Hospital and Medical Center, University of Washington Medical Center
14. Kerry Schafer, Manager, Compensation & Benefits for King County

Consumer Advisory Group

The Board recently appointed members of our Consumer Advisory Group who will provide advice, insight and feedback. We appreciate the many community members who expressed interest in participating on this group. Members are:

1. Margarita Suarez
2. Ellen Jensen
3. Robin Low
4. Linda Madsen
5. Radhika Moolgavkar, student
6. Michael Herman
7. Sherry Reynolds
8. William (Bill) Roach
9. Mary Schwed
10. Darlene Madenwald
11. Robert Jaffe, MD
12. Bruce Spalding, representing the International Association of Machinists
13. Marijean Holland, representing consumer affairs, Office of the Insurance Commissioner

Health Information of Interest

RX: Essential care and timely tests

by Richard Cooper, CEO of the Everett Clinic (printed in the *Seattle Post Intelligencer*, 01/05/06)

The Everett Clinic belongs to the Alliance and Rick Cooper services on our Quality Improvement Committee.

Of all the public policy questions facing our country, the challenge of how to fix our health care system is certainly one of the most talked about, most difficult, most personal in its outcome and most likely to have long-ranging effects on our society for years to come.

Health analyst John Newport was certainly right in "We can choose to cut medical costs" (Dec. 13), when he said we, as a nation, generally fail to take care of ourselves, then expect miracles from our health care system -- at enormous cost. His prescription of prevention through healthy living would not only save lives and improve quality of life, it would also allow us to save or redirect literally billions of dollars for much greater overall benefit.

But there are other sides to prevention, including the correct application of essential care and timely tests through what's known as evidence-based medicine. Gov. Christine Gregoire recently hosted a health care summit where she advocated for increased use of evidence-based medicine to determine the best care options for patients. She also called for improved management of chronic diseases.

Clinics and physicians should be tracking patients with chronic conditions, including diabetes, asthma, hypertension and congestive heart failure, and reminding them to keep current on necessary tests. As part of a well-managed, standardized program of care, this will reduce hospitalizations, improve quality of life for patients and decrease costs.

Similarly, a preventive health care tracking program can remind patients to have breast, cervical and colon cancer screening according to established guidelines, which can result in earlier detection of disease and better outcomes for patients. Applying standardized protocols, such as specific guidelines to identify when back pain warrants further testing, can help avoid overutilization by significantly decreasing the number of expensive tests.

This year at The Everett Clinic, we identified our patients at high risk for pneumonia and immunized 1,000 of them in a two-week period. We also implemented a program to identify our pediatric patients, birth to 24 months, who were not up-to-date on recommended immunizations. And, we have actively prompted healthy adults to have cholesterol screenings because early detection and treatment lowers the risk of heart attack and stroke.

Everyone has a role in making accessible, affordable and quality health care a priority. Policy-makers need to reward innovation and quality; the current system pays for the quantity of care, not the quality of care. Medicare and Medicaid must be funded appropriately so patients can receive preventive care, not expensive emergency room care. Individuals have to take responsibility by choosing healthier, more active lifestyles. And providers must step forward with proven approaches to help address some of the challenges.

Individually, it is not possible to transform the entire system, and we can't wait for a comprehensive overhaul. Incremental measures are needed that improve patient care, make the system more efficient and provide added value. Those measures, combined with a greater emphasis on personal responsibility, will improve health care and reduce health care costs.

U.S. Health Care Costs Grow 8 Percent

The nation's health care bill grew faster than inflation and wages, increasing by almost 8 percent in 2004. Health care now consumes 16 percent of the U.S. economic output, the highest proportion ever. A report from the Center for Medicare and Medicaid Services said that the overall cost of health care (hospital and doctor bills, pharmaceuticals, medical equipment, insurance, and nursing home and home-health care) has doubled from 1993 to 2004. In 2004, the nation spent almost \$140 billion more for health care than the year before. The health care increase of 7.9 percent in 2004 was almost three times greater than the overall inflation rate, which was 2.7 percent. The average hourly wage for workers in private companies was essentially unchanged that year, according to the U.S. Department of Labor. Many companies complain that employee and retiree health costs are making them less competitive.

Doctor Visits Move into Cyberspace

Microsoft, Virginia Mason and Premera Blue Cross have teamed up to test a program to provide non-emergency health care online. The 18-month pilot, which began January 1, 2006, uses a structured set of questions on-line with "branching logic" to elicit information a doctor would need to make a diagnosis and recommend treatment. Doctors are paid \$30 per online visit, far less than the typical cost of an office visit. There is no cost-sharing charged to patients.

You Can't be Fat, Middle-Aged and Healthy

A study by Northwestern University, tracking 17,643 patients for three decades, found that being overweight in midlife substantially increases the risk of dying of heart disease later in life, even in people who began the study with healthy blood pressure and cholesterol levels. Among participants with normal blood pressure and cholesterol at the start, those who were obese were 43 percent more likely than normal-weight participants to die of heart disease later on. They were also four times as likely to be hospitalized for heart disease. Participants who were modestly overweight but had normal blood pressure and cholesterol still ran a higher risk than the normal-weight people.

Organizations and Individuals Participating in the Alliance

The Alliance is a community-based effort of people working together to improve the quality, efficiency and value that we each get from our local health care system. Over 80 organizations and individuals now participate. *If you want a better quality, more efficient and affordable health care system, join the Alliance.* To do so, contact Sean McCliment at 206.448.2570 (Sean@pugetsoundhealthalliance.org)

Employers and Other Purchasers

- The Boeing Company
- City of Everett
- City of Seattle
- Fisher Communications
- Greater Seattle Chamber of Commerce
- King County
- Pierce County
- Port Blakely Companies
- Porter Novelli
- Puget Sound Energy
- Puget Sound Regional Council
- Recreational Equipment Inc. (REI)
- Snohomish County
- Starbucks
- Union Trusts (UFCW/Teamsters Taft-Hartley)
- Washington Mutual Bank
- Washington State Health Care Authority

Physicians, Hospitals & Providers

- Bastyr University
- Children's Hospital and Regional Medical Center
- Chiropractic Wellness Centers
- DaVita, Inc.
- East Main Family Medicine
- The Everett Clinic
- Evergreen Healthcare
- Minor & James Clinic
- Northwest Kidney Centers
- Northwest Physicians Network
- Optimal Health Foundation
- Overlake Surgery Center
- PacifiCare Health Systems
- Pacific Medical Centers
- The Polyclinic
- Providence Health System (WA)
- Puget Sound Family Physicians
- Seattle Primary Physicians
- Seattle Surgery Center
- Swedish Medical Center
- UW Medicine
- Virginia Mason Medical Centers
- Visiting Nurse Services of the Northwest
- Washington Managed Imaging
- Woodinville Pediatrics

Health Plans, Networks & TPAs

- Aetna Health Plans of Washington
- Community Health Plan of Washington
- Group Health Cooperative
- KPS Health Plan
- LifeWise Health Plan of Washington
- Premera Blue Cross
- Regence BlueShield
- Uniprise, a United Health Group Co.
- First Choice Health Network
- Washington Dental Service

Individuals

- Kievel, Patti
- McIntyre, Megan L.
- Feld, Ron RN

Other Health Organizations

- American Heart Association and American Stroke Association
- American Cancer Society
- American Lung Association of Washington
- Association of Washington Healthcare Plans
- Caremark
- Community Health Innovations, Inc.
- FASCAWS
- The Foundation for Health Care Quality
- Free & Clear
- HealthTrans
- Home Care Association of Washington
- Hope Heart Institute
- Inland Northwest Health Services
- King County Medical Society
- OneHealthPort
- Pacific Hospital Preservation & Development Authority
- Physical Therapy Association of Washington
- Qualis Health
- Snohomish Medical Society
- Washington Academy of Family Physicians
- Washington Association of Naturopathic Physicians
- Washington Biotechnology & Biomedical Association
- Washington Health Foundation
- Washington State Hospital Association
- Washington State Medical Association
- Washington State Pharmacy Association

Pharmaceutical Companies

- AstraZeneca LLC
- Johnson & Johnson Health Care Systems, Inc.

Comments about this Update? Contact Diane Giese at Diane@pugetsoundhealthalliance.org .

This is sent to community leaders to share news about recent developments at or of interest to the Puget Sound Health Alliance. To be removed from our list, contact Sean at sean@pugetsoundhealthalliance.org