Healthier WASHINGTON

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2015 COMMUNITY CHECKUP REPORT

Measuring Health Care in Washington State

www.WACommunityCheckup.org

CONTENTS

Dear Community Member,

Making Washington a national leader in the delivery of health care is no small task. Achieving that goal will require the effort of all of the stakeholders in the health care system: providers, health plans, purchasers and consumers. And knowing where there is room for improvement—and cause for celebration—is crucial. That's why the Community Checkup plays such an important role in transforming our health care system.

Healthier Washington and the Washington Health Alliance share a vision for our future:

Providers and delivery systems in Washington State will be among the top ten percent in performance nationally in the delivery of high-quality, high-value health care.

To know how far we have to go to reach that goal requires the kind of performance measurement and reporting that is the hallmark of the Community Checkup.

This report marks the ninth version of the Community Checkup. But it also includes an important debut: the introduction of the Washington State Common Measure Set for Health Care Quality and Cost. The Common Measure Set includes 52 measures that enable a common way of tracking important elements of health and how well the health care system is performing.

Measurement alone will not transform our health care system. That's why the Common Measure Set was designed to be actionable. The Washington State Health Care Authority (HCA), as first mover, has already taken steps to incorporate the Common Measure Set into its contracts with health plans and provider organizations.

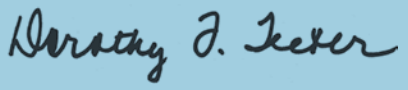
Over time, the expectation is that private and other public purchasers as well as health plans will adopt the Common Measure Set, building the measures directly into value-based health care contracts with doctors and hospitals. As part of the State's Healthier Washington initiative, Washington aims to drive 80 percent of state-financed health care and 50 percent of the commercial market to value-based payment by 2020.

The Alliance and the HCA are pleased to partner with one another on the development and promotion of the Common Measure Set. Together, we are pointing the way toward making Washington a place where the Triple Aim—better health, better care and lower cost—are an everyday part of our health care system.

The Alliance is grateful to our data suppliers for providing the data in the Community Checkup. We would also like to acknowledge the many organizations that also provided results for the Common Measure Set: the Washington State Hospital Association, CMS/Hospital Compare, the Foundation for Health Care Quality, the Washington State Department of Health, the Washington State Department of Social and Health Services, the Washington State Health Care Authority, the state's health plans and the National Committee for Quality Assurance. Their contributions underscore one of the Alliance's key beliefs: by collaborating, we can accomplish far more than any single entity can accomplish alone.

Sincerely,

Nancy A. Giunto, MHA
Executive Director
Washington Health Alliance



Dorothy F. Teeter, MHA
Director
Washington State Health Care Authority

Introduction

TRANSPARENCY IS THE CORNERSTONE FOR IMPROVING HEALTH CARE

This report is the ninth version of the Washington Health Alliance's Community Checkup. Since it was first introduced in 2008, the Community Checkup has grown both in terms of the number of medical groups, clinics and hospitals included and in terms of its geographic reach. Included this year are medical group and clinic-level results (with four or more providers) for 14 of the state's 39 counties, including six counties with detailed results for the first time. This report also includes results for hospitals throughout Washington State. In 2016, we anticipate having results for medical groups and clinics with four or more providers for all of Washington.

Just as important as the Community Checkup's geographic growth has been the growth in acceptance of transparency. Transparency in health care means providing meaningful information to patients, health care purchasers and policymakers about the quality and cost of health care delivered by doctors, hospitals and other care providers. When the first Community Checkup was released, with results for just 14 courageous medical groups that had volunteered to be included, transparency was still a novel concept and one that made health care providers very nervous.

Fast forward eight years and transparency is well on its way, thanks to the work of the Alliance and its members, to becoming the cornerstone for improving health care in our state. Today, most providers not only accept, but embrace transparency with the understanding that publicly available comparative information is essential for driving improvement. Health care purchasers—employers and labor union trusts that buy health care insurance for their employees/members—are increasingly relying upon this information when selecting health plans and shaping health care benefits. And consumers are becoming better informed shoppers, making sure the doctors and hospitals they choose are providing high-quality health care.

Transparency in health care means providing meaningful information to patients, health care purchasers and policymakers about the quality and cost of health care delivered by doctors, hospitals and other care providers.

Because comparative data are now more broadly available, providers, purchasers and consumers are all better able to understand how health care varies in our state, including quality, patient safety and patient experience. In future years, we look forward to completing the equation of health care value by adding information on how much the cost of health care varies from one organization to another.

INTRODUCING THE WASHINGTON STATE COMMON MEASURE SET FOR HEALTH CARE QUALITY AND COST

This report marks an important milestone in the expansion of the Community Checkup by introducing the Washington State Common Measure Set for Health Care Quality and Cost. The Common Measure Set includes 52 measures that enable a common way of tracking important elements of health and how well the health care system is performing. The measures allow for a shared understanding of areas that should be targeted for improvement. We anticipate results from the measures will be used to inform health care purchasing by public entities, such as state, county and city government, as well as private companies.

The measures are focused on access to primary care, prevention, acute care and chronic care. Results are drawn from a variety of sources, including the Alliance's Community Checkup, the Washington State Hospital Association, CMS/Hospital Compare, the Foundation for Health Care Quality, the National Committee for Quality Assurance, the Washington State Health Care Authority, the Washington State Department of Health, the Washington State Department of Social and Health Services and health plan data sets. Depending on the measure, results may be available for medical groups and clinics, and/or hospitals. For the first time this year, performance results are being publicly shared for health insurance plans serving both the Medicaid-insured and commercially-insured populations. Many measure results are also available for counties and on a statewide basis, while other measures are reported only at the statewide level.

The Common Measure Set is an important element in the state's ambitious Healthier Washington initiative, which strives to make the Triple Aim—better health, better care and lower cost—a reality in Washington. Generously funded by a grant from the federal government, Healthier Washington has a goal of transforming health care in Washington State so that people experience better health during their lives, receive better health care when they need it and health care is more affordable and accessible. The initiative includes several key tactics, among them the use of measurement and reporting on the performance of the health care delivery system to drive purchasing decisions and target improvement opportunities.

As noted above, an important strategy in achieving the goals of Healthier Washington is the development of Accountable Communities of Health (ACHs), which bring together public and private entities on a regional basis to develop shared priorities and locally coordinated strategies for improving population health and health care delivery. In support of the state's nine ACHs, the Alliance is also reporting Common Measure Set results for each ACH.

For a full report on ACH results, please visit: **www.wacommunitycheckup.org**

Figure 1: The Plan for a Healthier Washington

THE DEVELOPMENT OF THE WASHINGTON STATE COMMON MEASURE SET

Washington State is among the first states to agree upon a common measure set. The impetus for the development of such a set was to align measurement efforts across a wide variety of organizations, send a common message about performance accountability and create the basis for purchasing health care based on better value, i.e., high quality at an affordable price.

The Common Measure Set was the result of a six-month process that involved more than 100 stakeholders from across the state. On the basis of legislation passed in 2014 (ESHB 2572), a statewide performance measurement committee was appointed by Governor Jay Inslee to oversee creation of the Common Measure Set.

The Washington State Health Care Authority contracted with the Washington Health Alliance to facilitate the six-month process. Led by the Alliance, three technical work groups researched hundreds of potential measures and ultimately recommended the 52 measures selected for the Common Measure Set. A public comment period garnered more than 70 comments, which were incorporated into the process to finalize the measure set.

Because the development of the Common Measure Set was robust, multi-stakeholder and invited public comment, we are confident that it measures many of the things that matter to a broad cross-section of key stakeholders within our state.

FUTURE PLANS FOR THE WASHINGTON STATE COMMON MEASURE SET

The version of the Common Measure Set in this report is referred to as the "starter set" and is considered the first iteration. Over time, the Common Measure Set will continue to evolve. Because the work of improving health and health care is ongoing, the Common Measure Set is expected to adapt to changing conditions to include other priority issues and other sources of data that could not be included during this first round. For example, work is underway now to consider additional behavioral health measures for inclusion in the Common Measure Set in 2016. As well, we hope that efforts to build a robust clinical data repository within Washington State will enable the widespread collection of clinical data from medical records to produce other types of performance results for hospitals, medical groups and clinics in future years.

The Washington State Health Care Authority, as first mover, has already taken steps to incorporate the Common Measure Set into its contracts with health plans and provider organizations. Over time, the expectation is that private and other public purchasers as well as health plans will adopt the Common Measure Set, building the measures directly into value-based health care contracts with doctors and hospitals. As part of the Healthier Washington initiative, Washington aims to drive 80 percent of state-financed health care and 50 percent of the commercial market to value-based payment by 2020. Gaining multi-organization alignment around the state's Common Measure Set will clarify our collective understanding of health care value and send a clearer market signal regarding purchaser and payer expectations for performance on key indicators.

The Common Measure Set is expected to adapt to changing conditions to include other priority issues and other sources of data that could not be included during this first round.

UNDERSTANDING VARIATION IN HEALTH CARE

The single most constant theme of the Community Checkup—and indeed of any performance measurement reporting—is the tremendous amount of variation in health care. Every day, thousands of Washingtonians receive high-quality health care. But many others do not.

Imagine two people: Bill and Steve. Both are the same age, both are overweight and are smokers, and have the same health problems, including hypertension and diabetes. Both live in the same city and visit their doctors regularly.

Bill receives high-quality care. He routinely gets the tests that help determine whether his hypertension and diabetes are under control or whether there are warning signs that they are worsening. Bill's doctor prescribes medications that help manage his condition and Bill takes them as prescribed. He receives the right preventive care, including cancer screenings and immunizations. His doctor listens carefully, counsels him on how to quit using tobacco and explains things to him in a way that he can understand, making it easier to follow advice.

By contrast, Steve gets some of the tests needed to determine whether his diabetes and hypertension are under control—but not all of them. He hasn't had his eyes examined for signs of diabetic disease in the past five years and has never been screened for kidney disease related to his diabetes. His doctor prescribes medications for his diabetes and hypertension but doesn't know that Steve isn't taking them regularly. Steve has also skipped his recommended colonoscopy. Steve has never had a serious conversation with his doctor about quitting smoking and when he talks with his doctor, he doesn't feel listened to.

It's not hard to imagine who is more likely to be healthy. Even so, Steve may think he's getting good care because he doesn't know any better. Without a reason to think otherwise, many patients assume that they are getting what they need when they visit their health care provider, even though that's clearly not always the case.

The idea that there is variation in health care surfaced in 1973, when Dr. Jack Wennberg unveiled his groundbreaking work analyzing Medicare data to look at how health care was provided from one community to the next. To the surprise of many, he found tremendous variation everywhere, from rural communities to cities with major academic medical centers. "The basic premise—that medicine was always driven by science and by physicians capable of making clinical decisions based on well-established fact and theory—was simply incompatible with the data we saw," Wennberg later recounted.

Decades later, the country—and Washington—still wrestles with the problems that variation causes. Sometimes that means patients receive care that they don't need, like antibiotics for viral infections or an MRI during the early stages of low-back pain. Other times, variation means that people aren't getting the care that they should to prevent potentially devastating complications. For example, cancer screenings and immunizations can detect problems in the early stages when they are easily treatable or prevent disease altogether. When people fail to get the right care at the right time, they may needlessly suffer risks to their health and financial well-being that could have been avoided.

Some variation is to be expected. For example, many patients are advised by their doctor to do things, such as take tests or use specific prescription medications, but they ignore the advice despite repeated reminders from their doctor. In addition, medical groups that treat a large number of Medicaid-insured patients often face different challenges as these patients often have additional socio-economic barriers in seeking care on a timely basis and following through with their doctor's advice.

THE REAL WORLD IMPACT OF REDUCING VARIATION: A CASE STUDY

The UW Neighborhood Clinics took notice when its rate of colon cancer screening reported in the Alliance's Community Checkup was below the state average, and they immediately set out to improve their screening practices. For some doctors, the renewed charge of convincing patients to undergo an unpleasant screening test for colon cancer seemed a heavy burden, and at least one physician was vocal with his complaints about the new requirement. Within a month, that same doctor had dramatically changed his opinion. He discovered two cases of colon cancer among his patients due to the UW Neighborhood Clinics' new screening initiative. The cases may have otherwise gone undetected for a while, allowing the disease to progress. The screening was successful in identifying disease at an early stage, which had a significant impact on the lives of two patients.

By and large, however, most variation in health care is unwarranted. That is especially true for the measures in the Community Checkup, which are broadly accepted as the standard of care that patients should receive. Yet, as this report illustrates, the care patients receive can fluctuate widely depending on where they live and what medical group or clinic they visit. Unfortunately, not all health care is equally good. To successfully achieve the Triple Aim here in Washington, we need to work together to address this problem and improve care.

WHY PUBLIC REPORTING MATTERS

Public reporting is the essential mechanism for transparency. It makes objective information broadly available to everyone in the health care system—patients, purchasers and providers alike. Public reporting highlights both where Washington has cause for celebration—such as the performance of the medical groups called out in the Successes section of this report—and more importantly where there is room for improvement.

The information in the Alliance's Community Checkup is objective and comparative, allowing everyone to view the performance of one medical group, hospital or health plan versus another. Comparative information is important, because it allows providers to see how well they perform relative to their peers, to the state as a whole, and even to national benchmarks when they are available. Health care organizations and providers regularly review their own results, but without public reporting, they have no way of placing those results in a broader context.

The Community Checkup also allows consumers the chance to see how well the clinic they visit performs on issues that are important to them, whether its health screenings, care for chronic diseases or patient experience.

Finally, the Community Checkup serves as a resource for employers and labor union trusts, which are purchasing health care for their employees and members at great expense. Purchasers want to ensure that the care they are buying is high quality. While controlling health care costs is important to them, the health and well-being of their employees and members is also critical. By helping to educate consumers about variation in health care and steer them toward higher quality care through their benefit designs, they have a crucial role to play in shaping the health care delivery system.

The Community Checkup also allows consumers the chance to see how well the clinic they visit performs on issues that are important to them, whether it's health screenings, care for chronic diseases or patient experience.

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Key Findings

This Community Checkup represents a significant expansion over past reports. For the first time, the report also includes medical group and clinic-level data for Benton, Chelan, Douglas, Franklin, Kittitas and Yakima counties. Because of the additional results from the Common Measure Set, this version of the Community Checkup includes more than 20 new measures not previously reported by the Alliance. Moreover, results are available for health plans and for Accountable Communities of Health (ACHs), in addition to results for the state, counties, medical groups, clinics and hospitals. In the case of three measures related to health care spending, the report provides an early look at what Washington State is spending on health care and sets the stage for a fuller discussion about price transparency that is expected to follow once the state's All-Payer Claims Database is fully operational.

As a result, the Community Checkup presents a more comprehensive view of the state of health care in Washington than ever before. Unfortunately, the picture that it paints is mixed at best.

The Washington Health Alliance and Healthier Washington, with input from many stakeholders from the health care and business communities, have set a goal that Washington will be in the top 10 percent nationally in the delivery of high-quality health care.

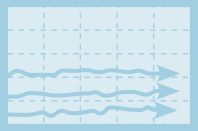
As the charts on the following pages show, we fall short of our goal, failing to meet it for any measure included in this report. Indeed, on all too many measures, the state is in the bottom quarter of performance nationally, a reality that undercuts our goal to be one of the nation's leaders in health care transformation.

KEY FINDINGS

Washington has a long way to go to consistently be in the top 10 percent of performance nationally in the delivery of high-quality health care.

Variation by county, medical group and clinic is a persistent problem in the delivery of health care.

Too many patients in Washington are not receiving the evidence-based care that they need to remain healthy and manage their conditions.



For many measures, there has been little improvement over time.

Local successes prove that delivering high-quality health care is an achievable goal here in Washington.

The Common Measure Set and transparency helps us to collectively understand our current performance and target areas for improvement.

Further, on some measures where we perform relatively well in comparison to the national benchmark, such as avoidance of antibiotics for bronchitis, the national 90th percentile is very low (38 percent for the bronchitis measure), indicating that relatively good performance in comparison to the national benchmark isn't necessarily the same as high performance. While these results are clearly not where we want to be, measurement and reporting are essential to help us collectively understand our current performance and target areas for more intensive work to improve quality.

Following are tables that show the state's performance against national benchmarks established by the National Committee for Quality Assurance (NCQA), a nonprofit that has developed quality standards and performance measures widely recognized for establishing national benchmarks.

Figure 2: Washington State Performance for **Commercially Insured** as Compared To NCQA National Benchmarks.

Measure	State Rate	NCQA National 90th Percentile*
Between NCQA National 75th and 90th Percentile		
Avoidance of antibiotic treatment in adults with acute bronchitis	31%	38%
Avoidance of antibiotics for common cold	92%	95%
Avoidance of x-ray, MRI and CT scan for low back pain	81%	83%
Between NCQA National 50th and 75th Percentile		
Adult access to preventive/ambulatory care - ages 65+	97%	99%
Asthma - Use of appropriate medication	91%	94%
Depression - Antidepressant medication (12 weeks)	70%	75%
Depression - Antidepressant medication (6 months)	54%	60%
Diabetes - Kidney disease screening	84%	90%
Screening for breast cancer	74%	80%
Screening for colon cancer	63%	72%
Follow-up after hospitalization for mental illness (7 days)**	54%	67%
Follow-up after hospitalization for mental illness (30 days)**	73%	84%

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** NCQA Benchmark Source: NCQA National Commercial All Lines of Business (LOBs) Quality Compass® 2015*

*** The state rate for this measure is based upon Quality Compass® 2015. All other state rates in these tables are based upon results produced by the Washington Health Alliance using its own database.*

Figure 2: Washington State Performance for **Commercially Insured** as Compared To NCQA National Benchmarks. *(continued)*

Measure	State Rate	NCQA National 90th Percentile*
Between NCQA National 25th and 50th Percentile		
Adult access to preventive/ambulatory care - ages 45–64	95%	97%
Controlling high blood pressure**	57%	75%
Use of spirometry testing in the assessment and diagnosis of COPD	39%	52%
Diabetes - Blood pressure control**	63%	76%
Diabetes - Blood sugar (HbA1c) poor control**,***	37%	21%
Diabetes - Blood sugar (HbA1c) test	87%	94%
Adolescent well-care visits	37%	62%
Screening for cervical cancer	75%	82%
Counseling for nutrition for children/adolescents - ages 3–17**	52%	78%
Weight assessment for children/adolescents (BMI percentile) - ages 3–17**	52%	83%
Weight assessment (BMI percentile) for adults**	71%	91%
Appropriate testing for children with pharyngitis	76%	92%
Below the NCQA National 25th Percentile		
Adult access to preventive/ambulatory care - ages 20–44	90%	95%
Child and adolescent access to primary care - ages 12–24 months	94%	99%
Child and adolescent access to primary care - ages 2–6 years	81%	96%
Child and adolescent access to primary care - ages 7–11 years	85%	97%
Child and adolescent access to primary care - ages 12–19 years	84%	95%
Screening for chlamydia	36%	60%
Well-child visits - ages 3–6 years	63%	87%
Medication safety - Monitoring patients on hypertension medications	77%	86%

** NCQA Benchmark Source: NCQA National Commercial All Lines of Business (LOBs) Quality Compass® 2015*

*** The state rate for this measure is based upon is Quality Compass® 2015. All other state rates in these tables are based upon results produced by the Washington Health Alliance using its own database.*

****A lower rate represents better performance.*

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Figure 3: Washington State Performance for **Medicaid Insured** as Compared To NCQA National Benchmarks.

Measure	State Rate	NCQA National 90th Percentile*
Between NCQA National 75th and 90th Percentile		
Screening for cervical cancer	69%	73%
Avoidance of x-ray, MRI and CT scan for low back pain	79%	83%
Between NCQA National 50th and 75th Percentile		
Adult access to preventive/ambulatory care - ages 20–44	83%	87%
Avoidance of antibiotic treatment in adults with acute bronchitis	27%	40%
Avoidance of antibiotics for common cold	92%	95%
Between NCQA National 25th and 50th Percentile		
Adult access to preventive/ambulatory care - ages 45–64	85%	92%
Adult access to preventive/ambulatory care - ages 65+	83%	92%
Child and adolescent access to primary care - ages 12–24 months	94%	98%
Asthma - Use of appropriate medication	82%	91%
Controlling high blood pressure**	51%	70%
Depression - Antidepressant medication (12 weeks)	47%	63%
Depression - Antidepressant medication (6 months)	33%	48%
Diabetes - Blood pressure control	61%	77%
Diabetes - Blood sugar (HbA1c) poor control***	44%	30%
Screening for chlamydia	51%	69%
Weight assessment (BMI percentile) for adults**	78%	93%
Appropriate testing for children with pharyngitis	66%	85%

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** NCQA Benchmark Source: NCQA National Medicaid HMO Benchmarks Quality Compass® 2015*

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Figure 3: Washington State Performance for **Medicaid Insured** as Compared To NCQA National Benchmarks. *(continued)*

Measure	State Rate	NCQA National 90th Percentile*
Below the NCQA National 25th Percentile		
Child and adolescent access to primary care - ages 2–6 years	81%	93%
Child and adolescent access to primary care - ages 7–11 years	84%	96%
Child and adolescent access to primary care - ages 12–19 years	84%	95%
Use of spirometry testing in the assessment and diagnosis of COPD	23%	41%
Diabetes - Blood sugar (HbA1c) test	53%	92%
Diabetes - Kidney disease screening	53%	88%
Adolescent well-care visits	39%	67%
Screening for breast cancer	25%	71%
Well-child visits - ages 3–6 years	57%	84%
Medication safety - Monitoring patients on hypertension medications	73%	92%
Counseling for nutrition for children/adolescents - ages 3–17**	50%	80%
Weight assessment for children/adolescents (BMI percentile) - ages 3–17**	35%	86%

** NCQA Benchmark Source: NCQA National Medicaid HMO Benchmarks Quality Compass® 2015*

*** The state rate for this measure is based upon is Quality Compass® 2015. All other state rates in these tables are based upon results produced by the Washington Health Alliance using its own database.*

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High Levels of Variation

When the data reveals a high degree of variation, it is an indication that there is an opportunity for improvement. When the health care delivery system is functioning well, the results should tightly cluster around the average and the average should compare favorably to national benchmark performance. But when results, whether they are for counties, medical groups or clinics, are spread out widely, that's a sign of significant variation and that many patients are not receiving the care that they need.

This section highlights four groups of results where variation is a problem: diabetes care, access to primary care for children, health screenings and immunizations.

In each of these groups of measures, variation is pronounced, which has a considerable impact on the overall health of Washington residents.

This analysis of selected results from the Common Measure Set is by no means an exhaustive review of all the findings, which can be found on the Community Checkup website or in additional written reports for the results associated with health plans and Accountable Communities of Health (ACHs). Instead, the results are meant to illustrate consistent themes that the data reveal and spur a conversation about how we might address them or, in the case of successes, replicate them.

DIABETES CARE

The standard of care for patients with diabetes is well known and widely accepted, and the diabetes-related measures in the Community Checkup are universally recognized as basic treatment that all patients with diabetes should receive. Unfortunately, as the following charts show, many patients are not getting that basic care. Variation is a problem both among medical groups and geographically.

KEY FINDINGS

Variation is pronounced, despite widespread acceptance of the standards of care for managing diabetes.

Washington is below the 25th percentile nationally for HbA1c testing and kidney disease screening for the Medicaid population.

Patients receiving their care from the highest performing medical group are about one-third more likely to have their blood sugar levels tested or be checked for kidney disease.

Figure 4: Variation between **Medical Groups** for Diabetes Measures for **Commercially Insured**.

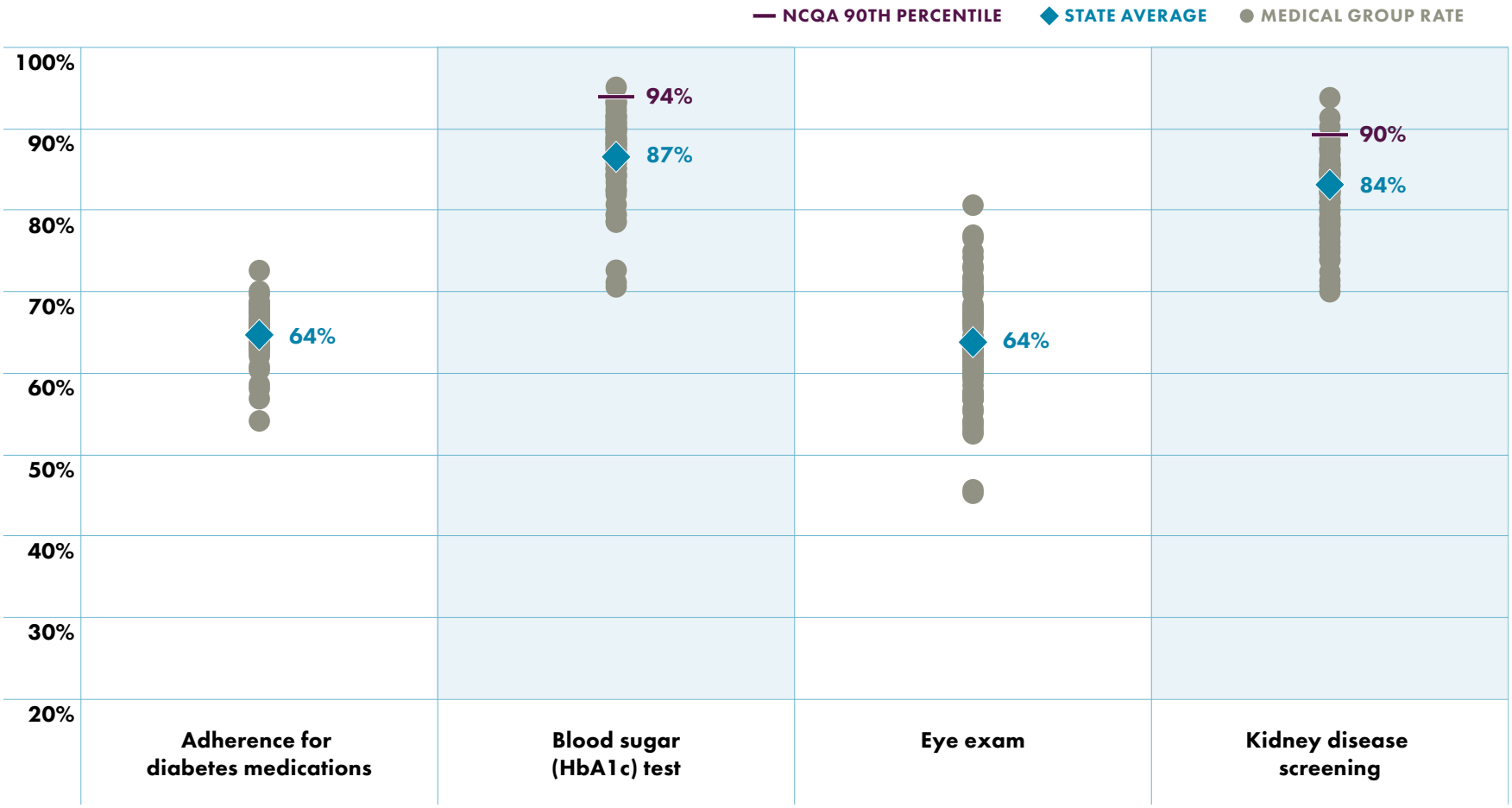


Figure 5: Variation between **Medical Groups** for Diabetes Measures for **Medicaid Insured**.

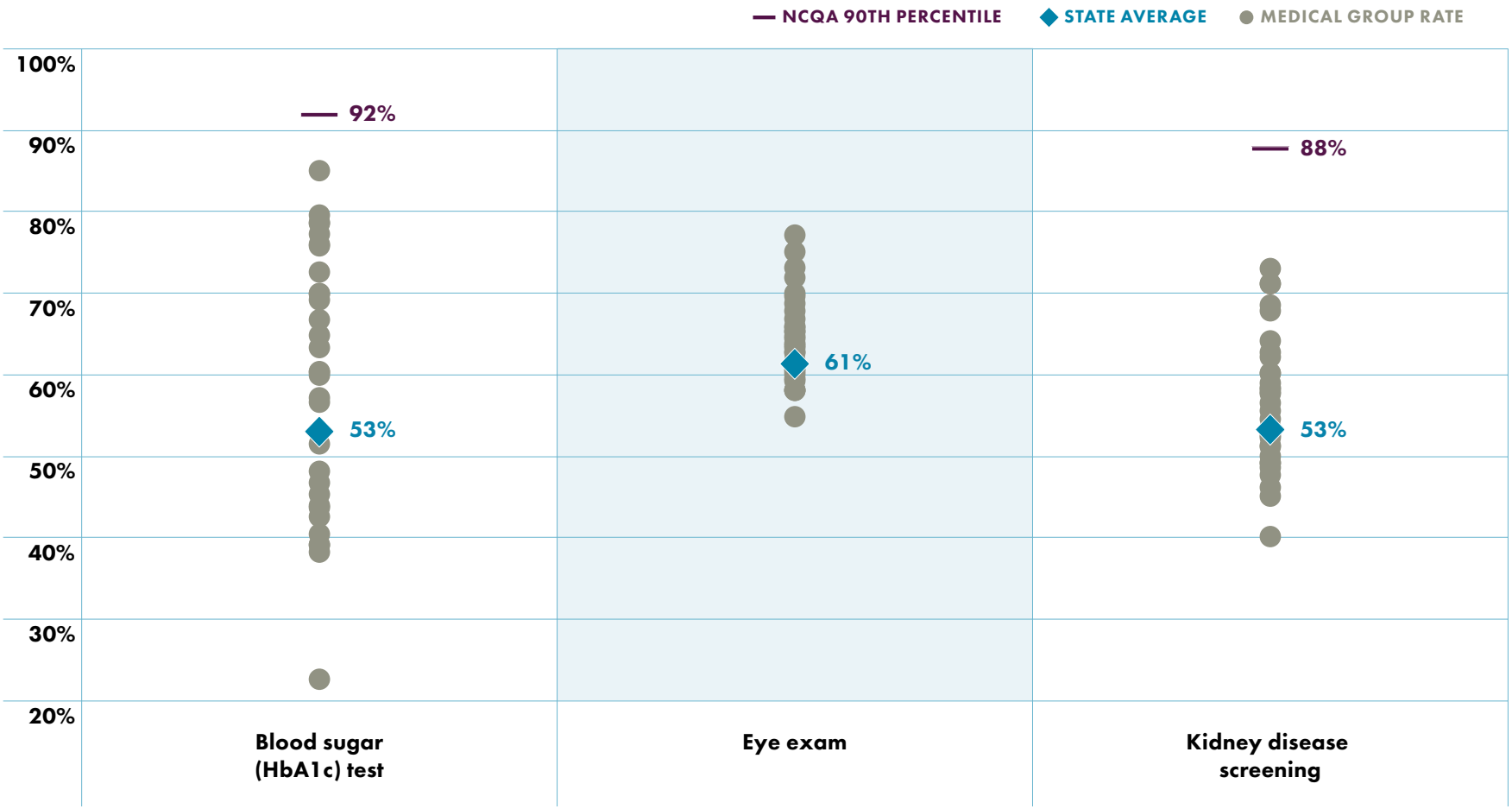


Figure 6: Variation between **Counties** for Diabetes Measures for **Commercially Insured**.

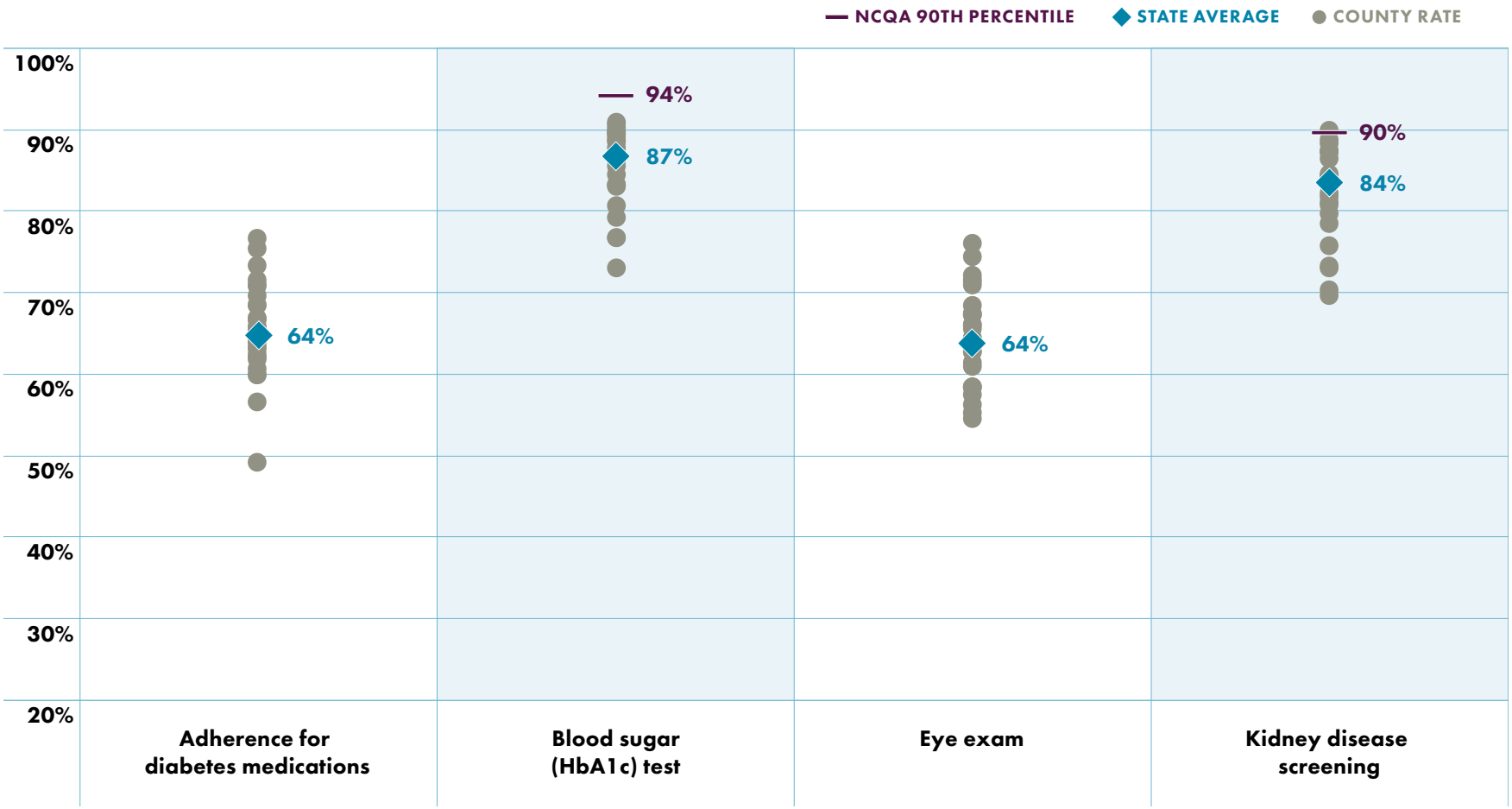
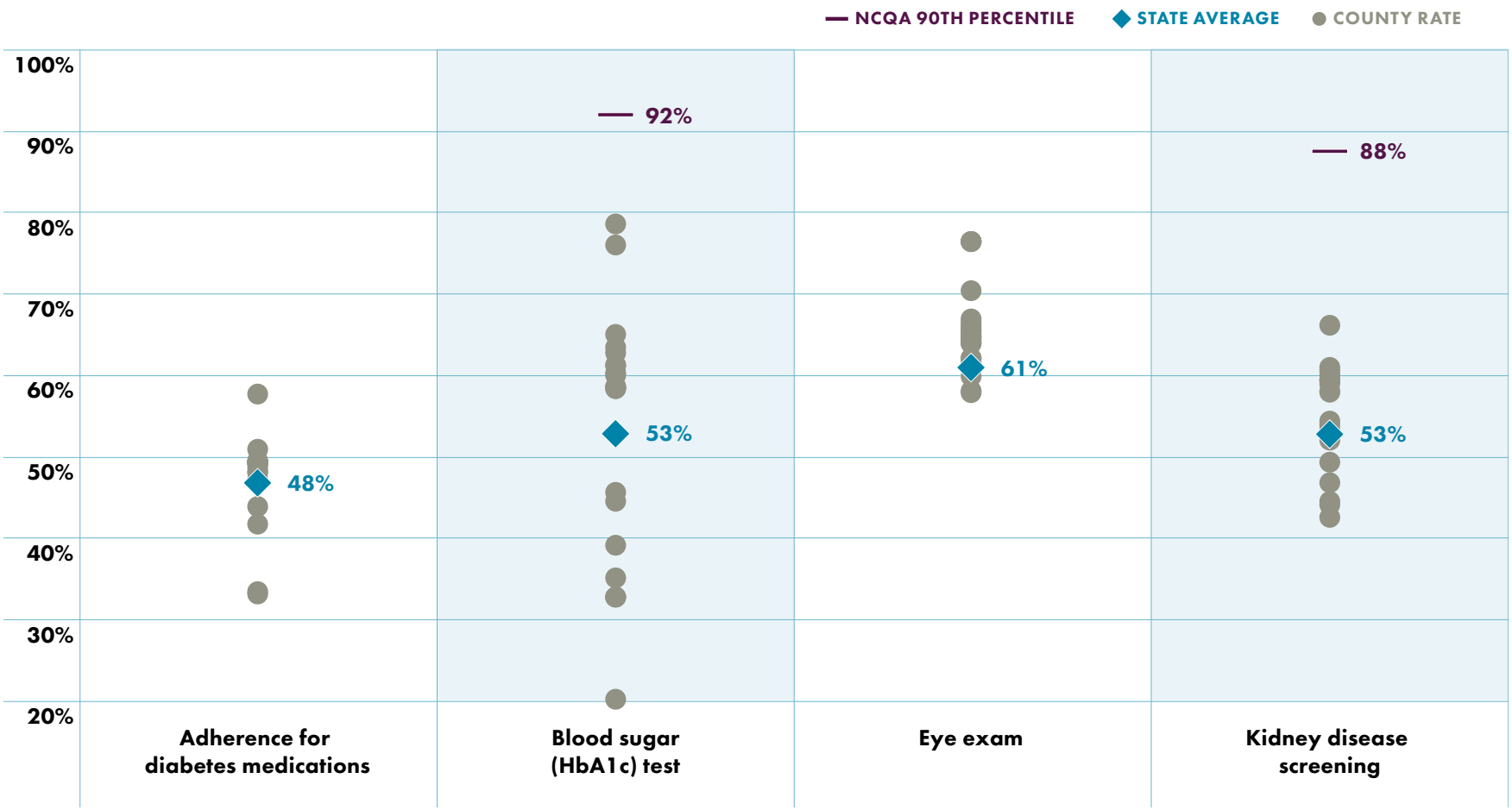


Figure 7: Variation between **Counties** for Diabetes Measures for **Medicaid Insured**.



CHILD ACCESS TO PRIMARY CARE

Childhood and adolescence are a crucial period in life. Not only is it important to ensure that children receive the right care, but healthy habits that they establish at a young age will likely influence them well into adulthood. Primary care visits are an important opportunity for providers to assess a child's development and to provide guidance on health issues. Unfortunately, as the following graphics indicate, the rate of primary care visits for children, particularly adolescents, varies a lot depending on where they live.

KEY FINDINGS

Washington is in the bottom quarter nationally on all of the child access to primary care measures for the commercially insured population and for all but one of the child access measures for the Medicaid-insured population.

There is significant variation across Washington counties, with 20 to 30 percentage points differences between the highest performing counties and the lowest on all measures.

Figure 8: Room for Improvement: Results for Access to Primary Care for Children and Adolescents vs. National 90th Percentile.

	Commercially Insured		Medicaid Insured	
	WA State Average	National 90th Percentile	WA State Average	National 90th Percentile
Child and adolescent access to primary care - ages 12–24 months	94%	99%	94%	98%
Child and adolescent access to primary care - ages 2–6 years	81%	96%	81%	93%
Child and adolescent access to primary care - ages 7–11 years	85%	97%	84%	96%
Child and adolescent access to primary care - ages 12–19 years	84%	95%	84%	95%

Figure 9: Variation between **Counties** for Child Access to Care Measures for **Commercially Insured**.

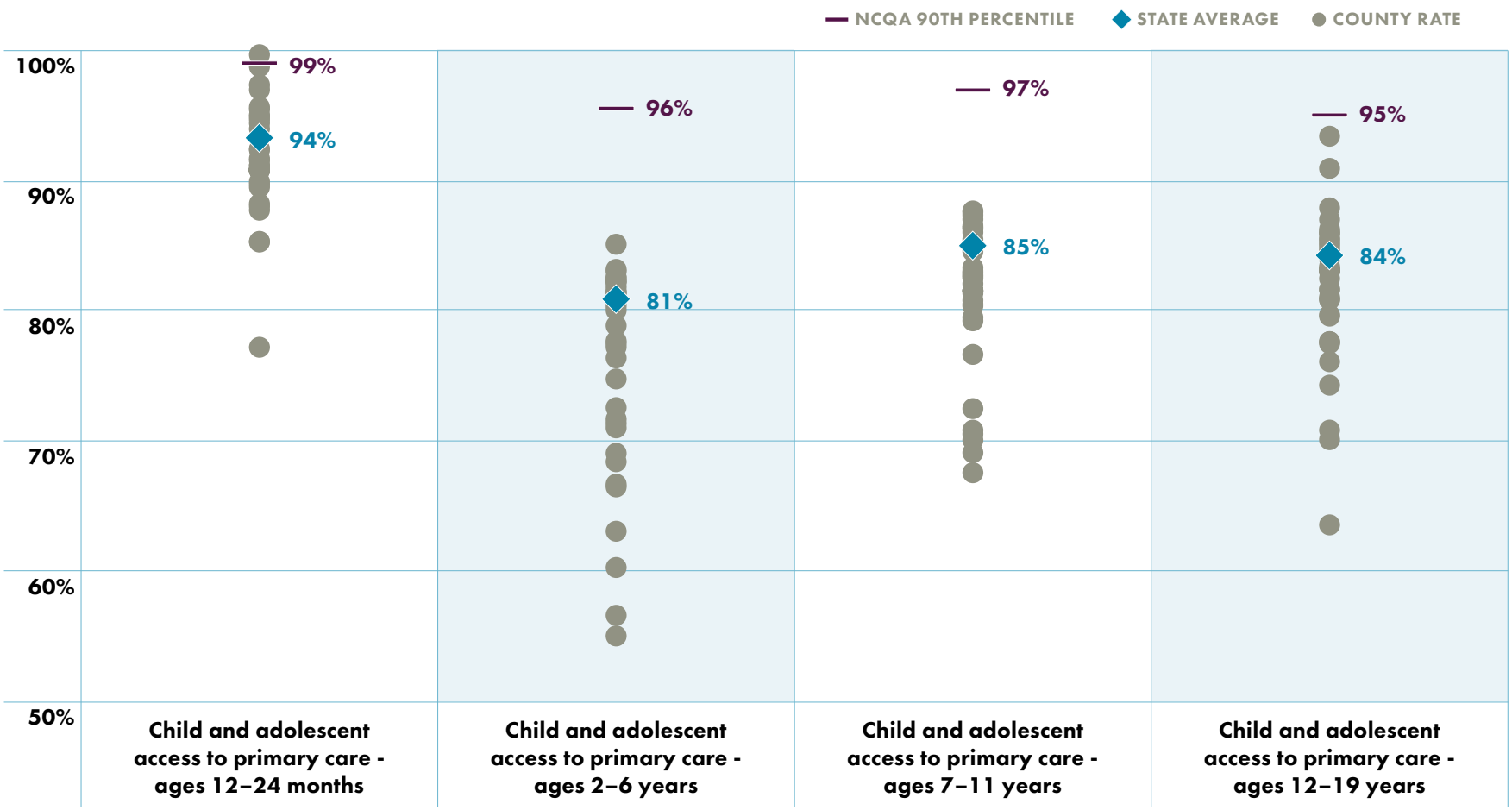
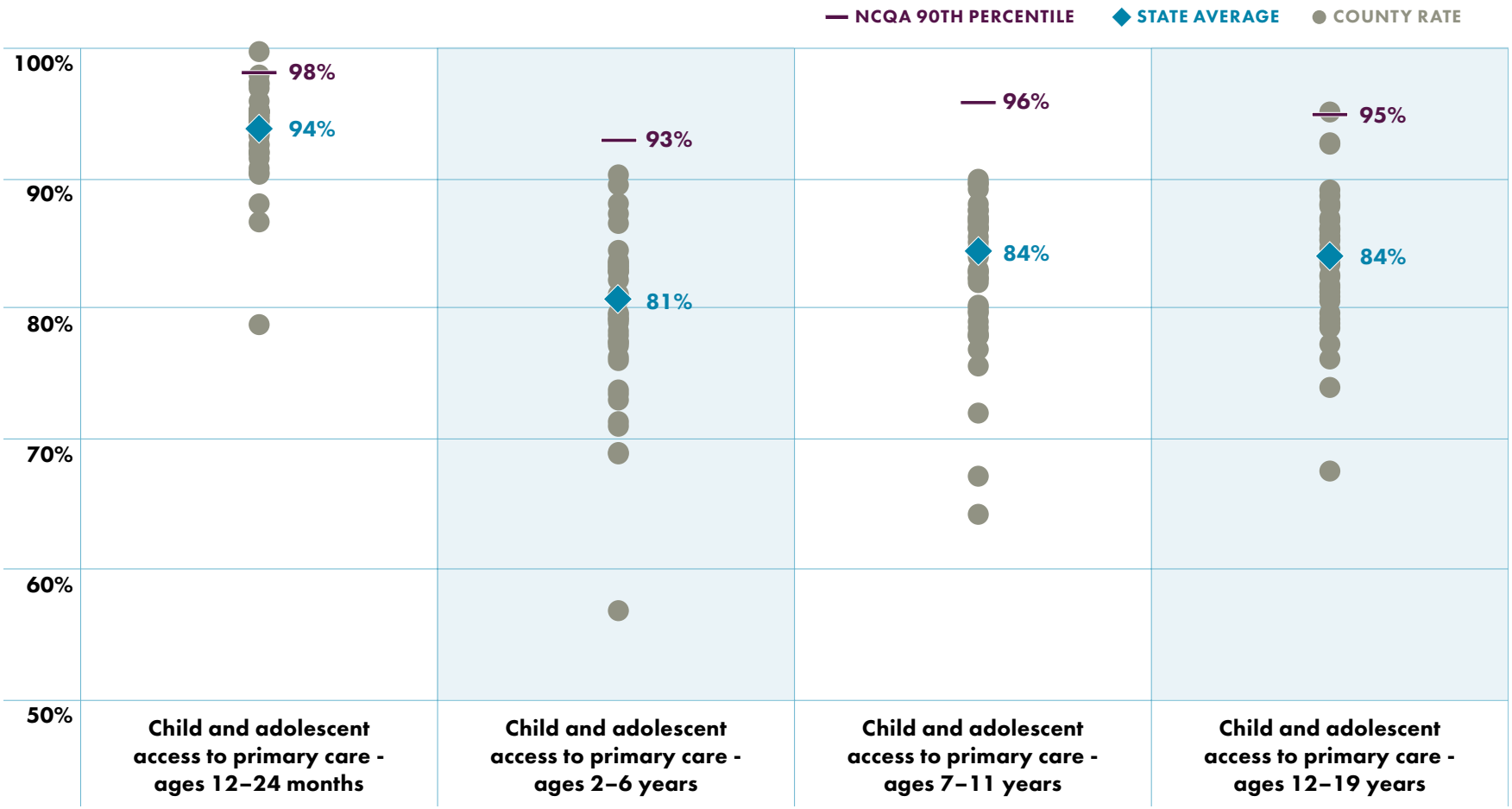


Figure 10: Variation between **Counties** for Child Access to Care Measures for **Medicaid Insured**.



PREVENTION AND HEALTH SCREENINGS

Detecting a disease early is much more likely to mean that a patient will have the disease successfully treated with fewer complications and less financial risk. That's why health screenings and prevention play a crucial role at key stages in a person's life, starting in childhood. Yet, in Washington, the rate of well-care visits for children and adolescents is low compared to the national 90th percentile. This represents a significant opportunity area.

The most common chronic childhood disease is one that is often overlooked: dental caries. Tooth decay is five times more common than asthma and seven times more common than hay fever. When a primary care provider applies a fluoride varnish during a well-child visit, it can substantially reduce the chance of caries. Yet, in Washington State, it appears this is happening less than 10 percent of the time.

In adulthood, health screenings are an important part of a person's health regimen. Screenings for breast cancer, colon cancer, cervical cancer and chlamydia infection are recommended at appropriate intervals to detect a disease at an early stage, when it is most treatable. But as the following charts indicate, there is room for improvement to achieve national 10 percent performance and the performance of medical groups is widely divergent.

There is room for improvement to achieve national 10 percent performance and the performance of medical groups is widely divergent.

Figure 11: Room for Improvement: Results for Child Health Screenings vs. National 90th Percentile.

	Commercially Insured		Medicaid Insured	
	WA State Average	National 90th Percentile	WA State Average	National 90th Percentile
Well-child visits - ages 3–6 years	63%	87%	57%	84%
Adolescent well-care visits visits - ages 12–21 years	37%	62%	39%	67%

Figure 12: Room for Improvement: Results for Adult Health Screenings vs. National 90th Percentile.

	Commercially Insured		Medicaid Insured	
	WA State Average	National 90th Percentile	WA State Average	National 90th Percentile
Breast cancer screening	74%	80%	25%	71%
Cervical cancer screening	75%	82%	69%	73%
Colon cancer screening	63%	72%	44%	Not Available
Screening for chlamydia	36%	60%	51%	69%

WHY SCREENING MATTERS

Approximately 75 women die each year in Washington State from cervical cancer. More than 800 women die each year in Washington from breast cancer. And more than 1,000 adults die each year in Washington from colon cancer. It's important to talk to your doctor and find out which screening tests are right for you and how often you should be having them. Screening at the right time intervals is very important, but screening too frequently doesn't help and it may cause harm by resulting in unnecessary additional tests or procedures.

Figure 13: Variation between **Medical Groups** for Prevention and Health Screenings Measures for **Commercially Insured**.

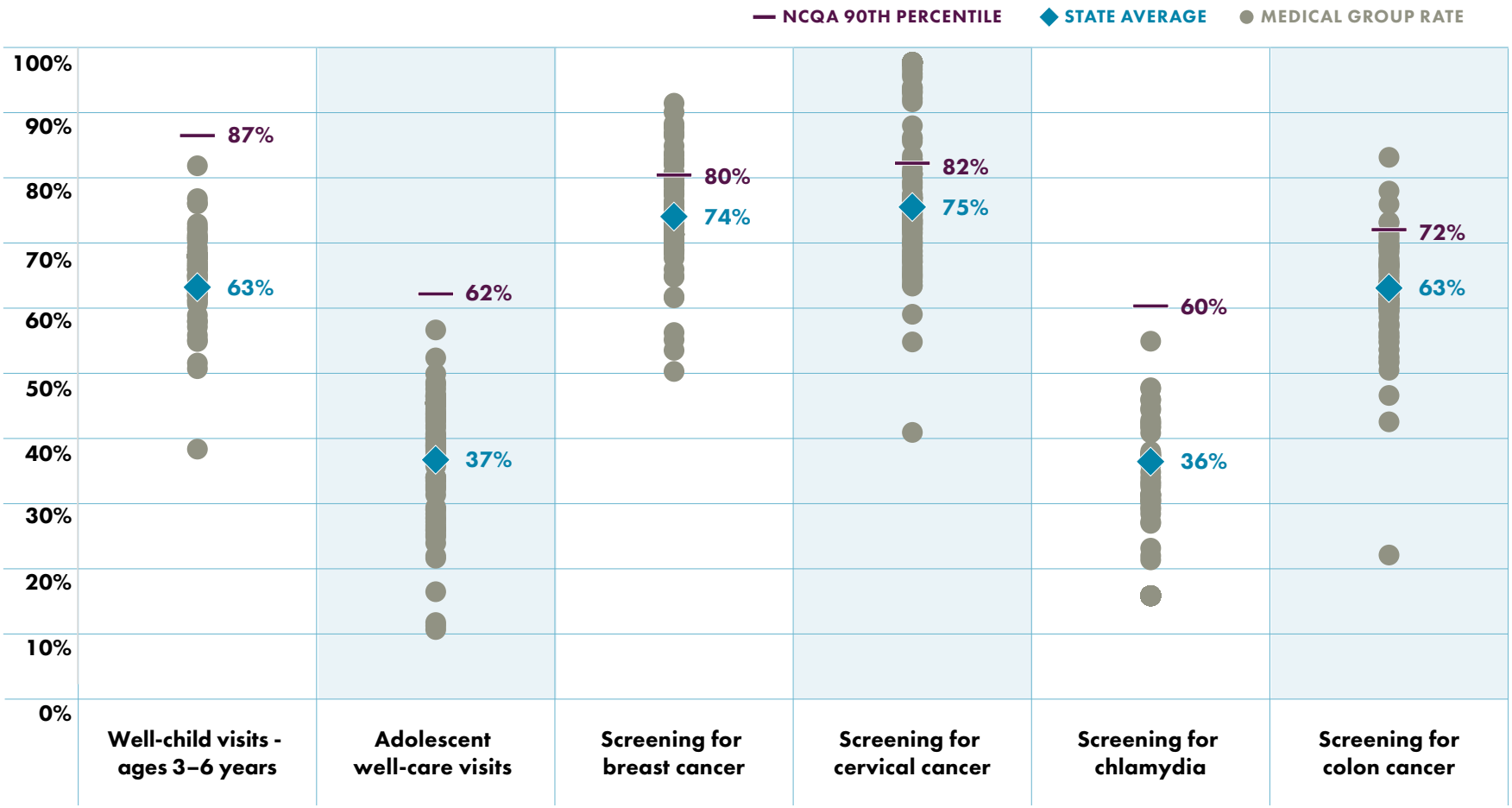


Figure 14: Variation Between **Medical Groups** for Prevention and Health Screenings Measures for **Medicaid Insured**.

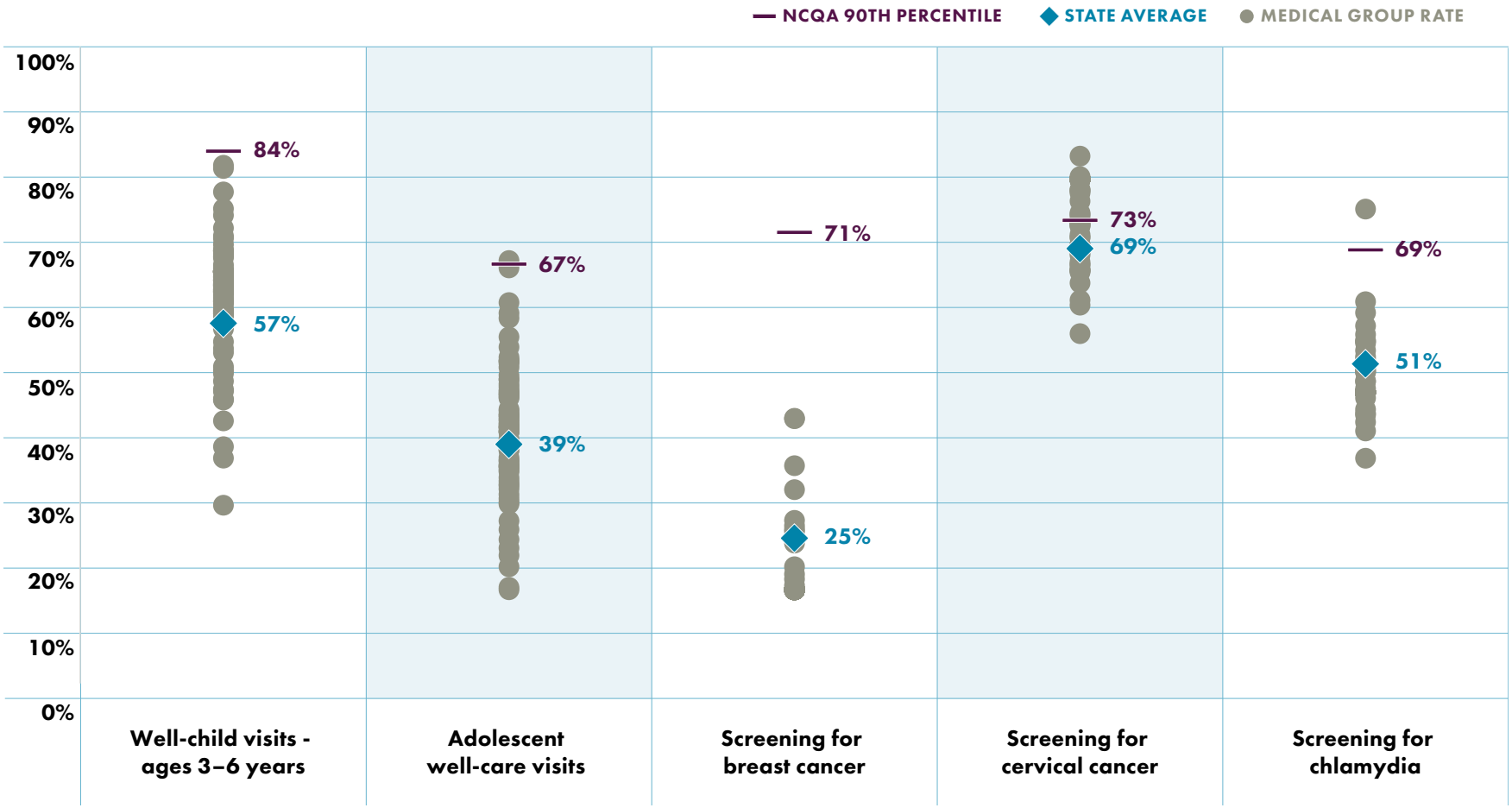


Figure 15: Variation between **Counties** for Prevention and Health Screenings Measures for **Commercially Insured**.

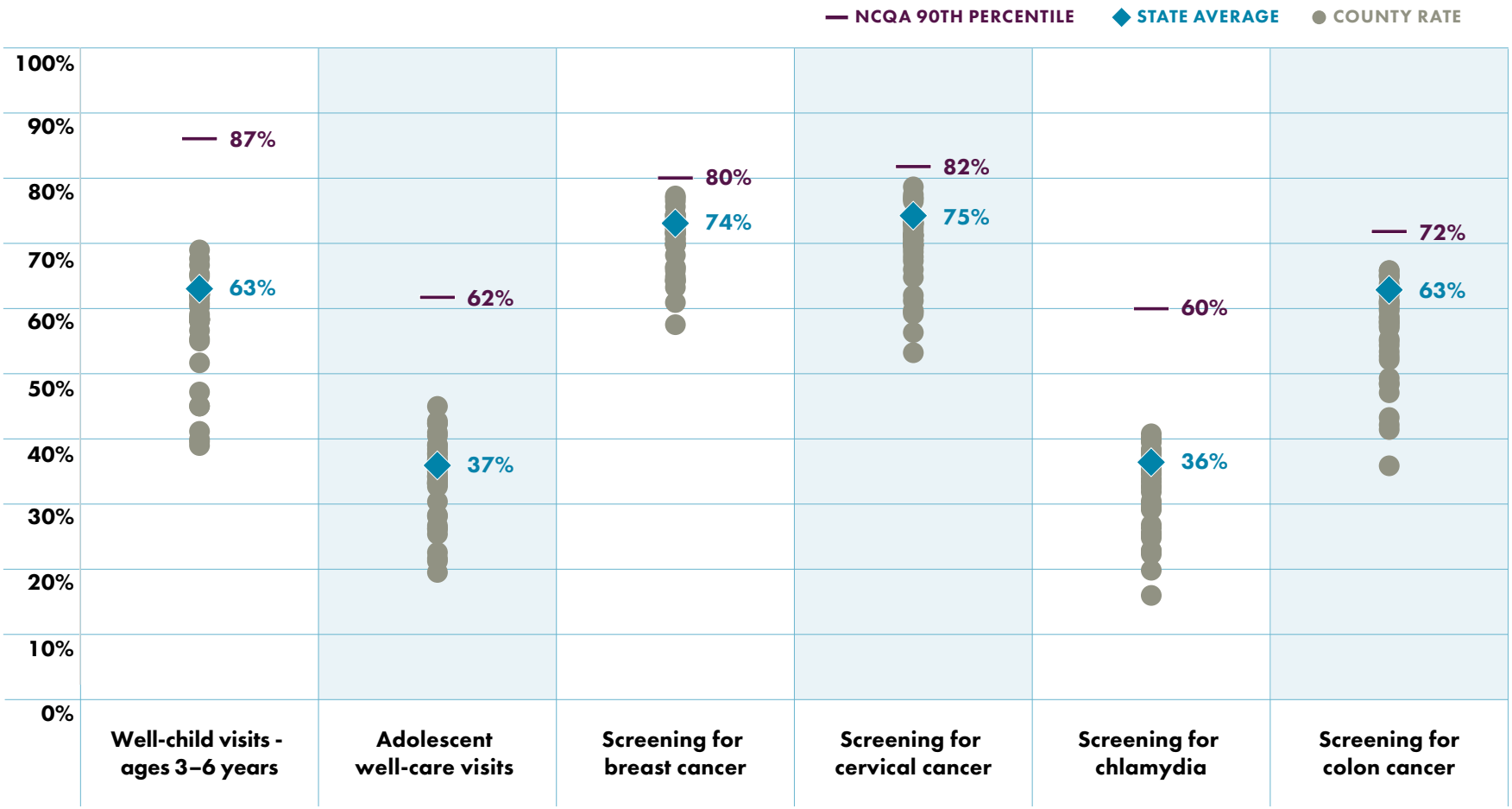
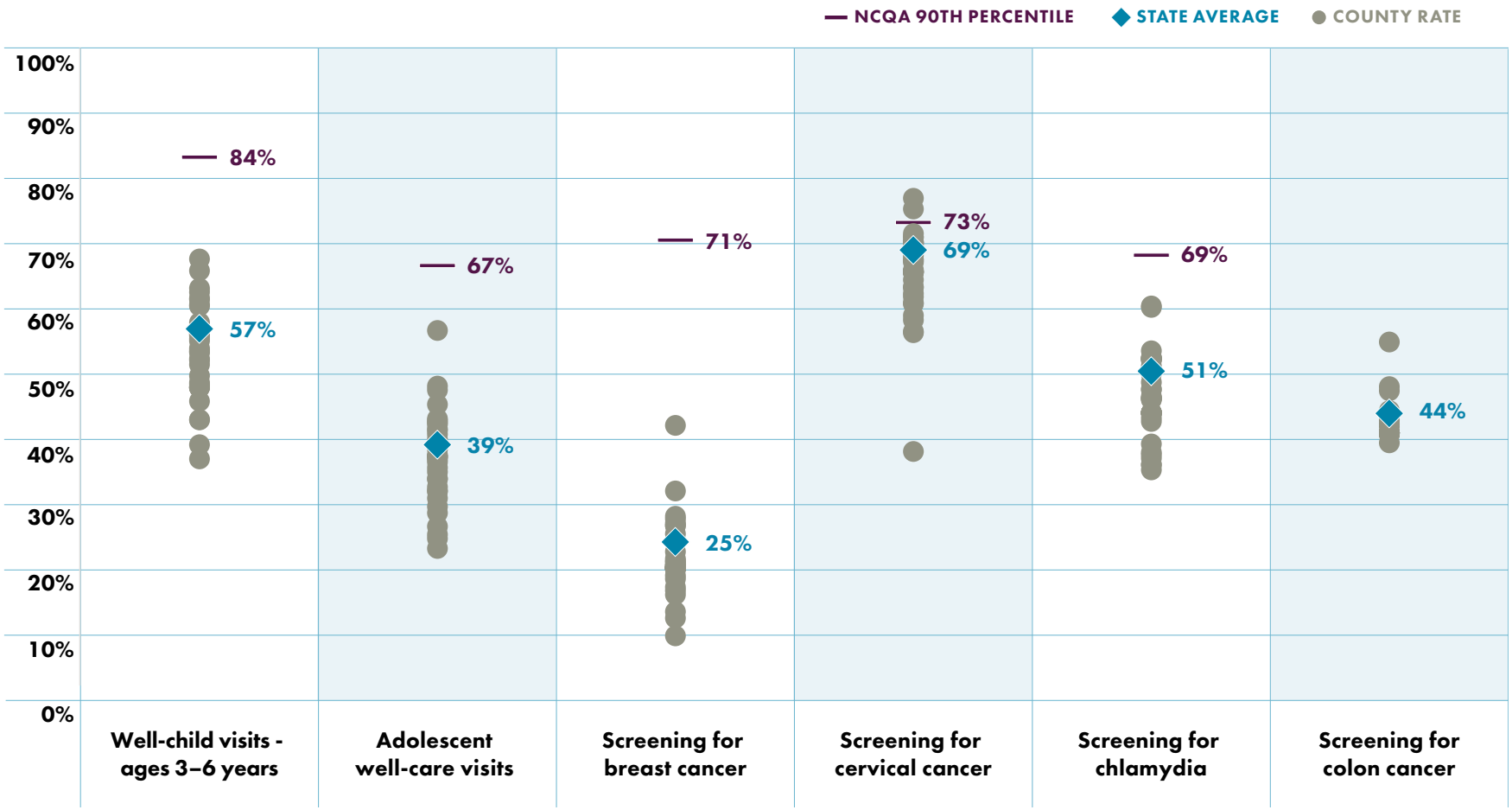


Figure 16: Variation Between **Counties** for Prevention and Health Screenings Measures for **Medicaid Insured**.



IMMUNIZATIONS

Immunizations are among the most proven, effective prevention strategies in health care. The introduction of immunization drastically improved and lengthened the lives of populations, so much so that, over time, the ravages of now-prevented diseases have faded from memory. Unfortunately, as immunizations are taken for granted or, worse, condemned by claims that are unfounded and discredited, Washington is seeing the re-introduction of diseases, such as measles, formerly considered under control. In 2015 the state saw its first death from measles in 12 years. Pertussis, commonly known as whooping cough, has also been a significant problem, striking mostly school-age children and teens, with infants the most at risk. The number of cases of pertussis through October 2015 was 1,283, more than triple that of the same period in 2014. Immunizations are not merely about preventing childhood diseases. They can also prevent cancer. Human Papillomavirus (HPV) is the leading cause of cervical and anal cancers, accounting for 90 percent of cases. Vaccinating adolescent girls and boys before they become sexually active can break the link and prevent the diseases from occurring.

KEY FINDINGS

Immunizations present the greatest variation by county of any set of measures in this report.

The HPV vaccination rate is low, despite the promise of the vaccine to dramatically reduce the rate of associated cancers.

Flu vaccination rates display an almost two-fold difference between the lowest performing county and the highest.

Figure 17: Room for Improvement: Results for Immunizations with Significant Variation across Counties in Washington.

	WA State Average	Lowest County Rate	Highest County Rate
Childhood Immunization by Age 2	33%	1%	47%
Adolescent Immunization by Age 13	58%	1%	74%
HPV Vaccination for Adolescent Females	21%	3%	31%
HPV Vaccination for Adolescent Males	15%	3%	26%
Influenza Vaccination	55%	33%	64%
Pneumonia Vaccination (Ages 65+)	73%	57%	82%

Figure 18: Immunizations: Adolescent Immunization Status by Age 13

ABOVE STATE AVERAGE MEETS STATE AVERAGE BELOW STATE AVERAGE

STATE AVERAGE: 58%

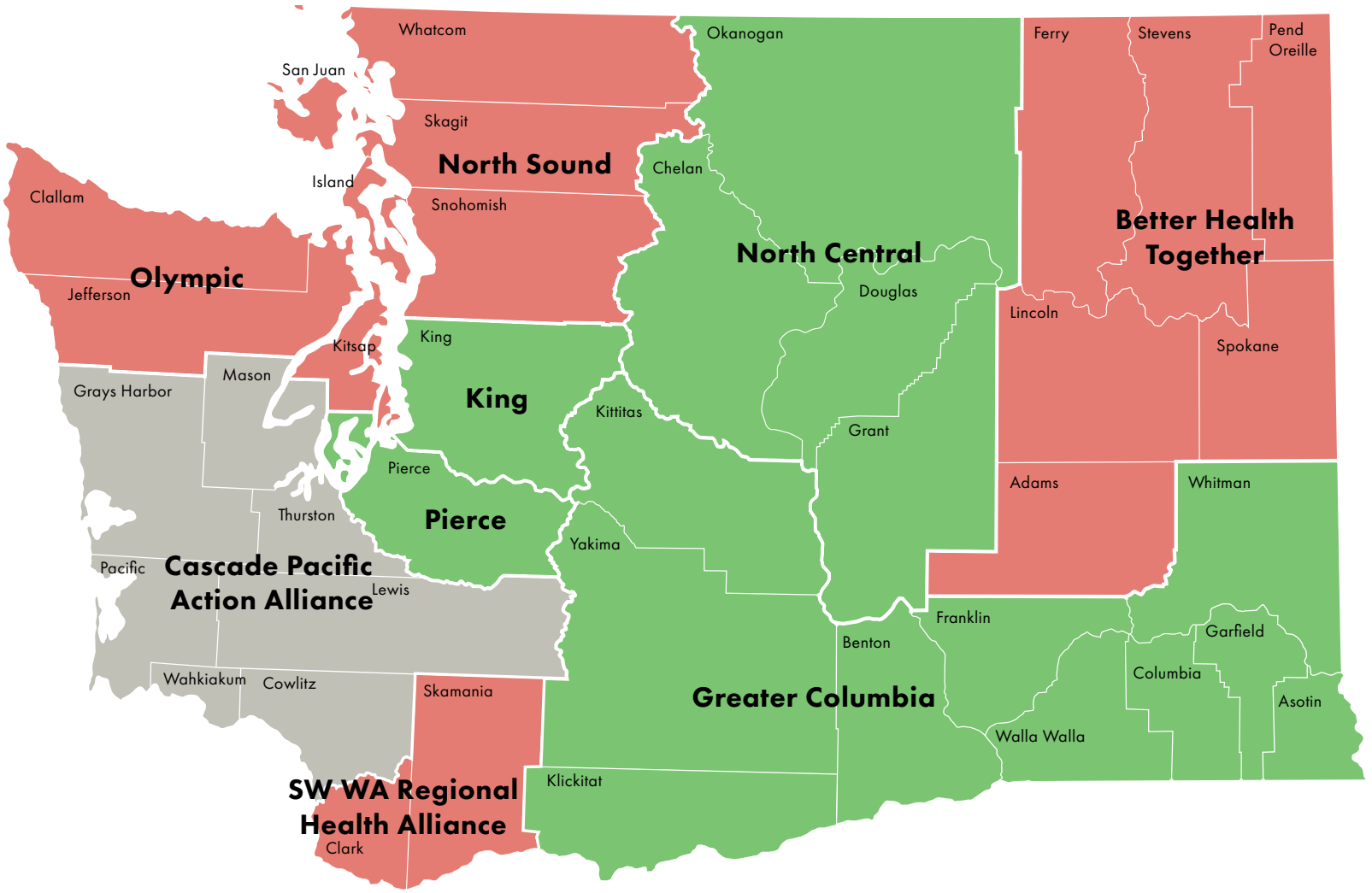
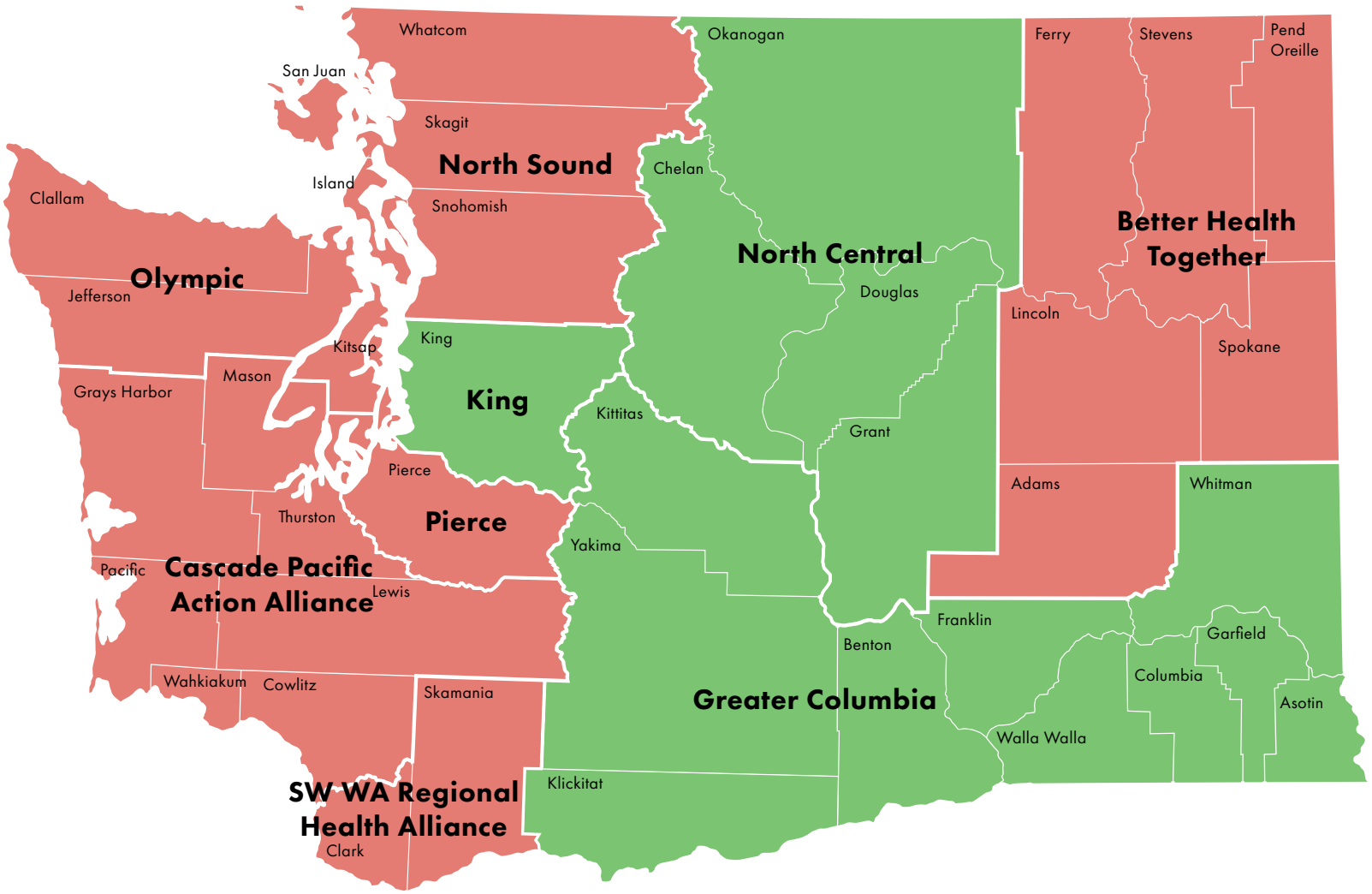


Figure 19: Immunizations: Childhood Immunization Status by Age 2

ABOVE STATE AVERAGE **MEETS STATE AVERAGE** **BELOW STATE AVERAGE**

STATE AVERAGE: 33%



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Mixed Results

LACK OF PROGRESS

Since this is the ninth version of the Community Checkup report, the Alliance is able to look at results over the course of multiple years. Unfortunately, in many instances, the results are largely unchanged from report to report.

When change does happen, it's not always for the better. For example, in the 2010 and 2011 Community Checkup reports, measures for HbA1c testing and kidney disease screening for patients with diabetes were at or near the top 10 percent of national performance. But as the national benchmark has risen, the Community Checkup results have remained flat or have even dipped a little. The result is that Washington's results on these two measures are now at the national 50th percentile.

A comparable story can be told about medication management for depression. The rates in the current report are largely the same as they have been for the past several years. However, national benchmark performance is rising, indicating we are not keeping pace with quality improvement. For antidepressant medication adherence during the first 12 weeks, the national 90th percentile in 2011 was 69 percent; now the rate is 75 percent.

There are some signs that care is not improving over time and in some instances our past successes may be eroding. For example, in recent Community Checkup reports, the avoidance of imaging for low back pain was above the national 90th percentile. However, now the state result for this measure is between the 75th and 90th percentile. This example underscores the fact that success is not necessarily permanent but requires constant effort to maintain.

Overall, there are areas of health care quality that once looked like bright spots in Washington that are now looking dimmer. To be fair, we know that some changes can affect results (such as different populations included in measurement from one year to the next or minor changes in the measure definitions over time). Nonetheless, the overall direction is worrisome.

It is widely acknowledged that transparency by itself does not automatically lead to higher quality health care. This is why Healthier Washington is devoting resources to the creation of a "Practice Transformation Hub." This effort, currently in design and targeted to get off the ground in 2016, is intended to amplify and align the many programs in Washington State that are currently providing practice and community transformation support. Efforts will include programs, tools and resources to support team-based clinical improvement as well as information sharing across care settings.

SUCCESS STORIES

Not all the news in the Community Checkup is negative. There are notable success stories proving that high-quality care is not only possible but is being delivered in Washington State. For example, while Washington State's average does not meet or exceed the national 90th percentile on any measure, there are medical groups that are achieving this goal on select measures. One such example is cervical cancer screening where the following nine medical groups are both better than the state average and above the national 90th percentile (73 percent) for the Medicaid population that they serve.

High-performing medical groups on cervical cancer screening (Medicaid insured)	
International Community Health Centers	83%
Kittitas Valley Health Care	80%
MultiCare Health System	80%
Columbia Medical Associates	79%
Group Health Cooperative	78%
Pacific Medical Centers	78%
Providence Physicians Group	78%
UW Medicine – Valley Medical Group	77%
Rockwood Clinic	76%

In addition, the following 20 medical groups are both better than the state average and at or above the national 90th percentile (80 percent) for breast cancer screening for the commercially insured population that they serve.

High-performing medical groups on breast cancer screening (commercially insured)	
Northwest OB-Gyn	92%
Center for Women's Health at Evergreen	90%
Eastside Family Medicine	88%
Olympia Obstetrics & Gynecology	88%
Women's Healthcare Alliance	88%
Ob-Gyn Associates of Spokane	87%
Valley Women's Clinic	87%
Women & Family Health Specialists	87%
Mount Vernon Women's Clinic	85%
Overlake Obstetricians and Gynecologists	84%
Virginia Mason Medical Center	84%
Sound Women's Care	83%
Minor and James	82%
Overlake Internal Medicine Associates	82%
Kittitas Valley Healthcare	81%
The Everett Clinic	81%
The Polyclinic	81%
Group Health Cooperative	80%
Three Rivers Family Medicine	80%
UW Medicine – Valley Medical Group	80%

A third example relates to diabetes measures. Given that the state average for HbA1c testing for commercially insured patients with diabetes is below the 50th national percentile and the state average for kidney disease screening is between the 50th and 75th percentiles, these six medical groups deserve credit for showing that high performance (at or above the national 90th percentile) is possible in our state.

High-performing Medical Groups on HbA1c Testing, Patients with Diabetes (Commercially Insured)	
Puyallup Endocrine & Nuclear Medicine	95%
Sea Mar Community Health Centers	94%
Swedish Medical Group	94%

High-performing Medical Groups on Kidney Disease Screening, Patients with Diabetes (Commercially Insured)	
Kitsap Cardiology Consultants	94%
Group Health Cooperative	92%
Harborview Medical Center	91%

Finally, as we noted above, the state's performance for avoiding imaging for low back pain has been slipping, but the following two medical groups demonstrate performance at or above the national 90th percentile (83 percent) for the commercially insured population.

High-performing Medical Groups on Avoiding Imaging for Low Back Pain (Commercially Insured)	
Swedish Medical Group	84%
Group Health Cooperative	83%

A CASE STUDY OF SUCCESS: EARLY ELECTIVE DELIVERIES

When stakeholders come together and focus on improvement, they can make significant changes for the better in the delivery of health care. One great example is the work in Washington to reduce early elective deliveries, between 37 and 39 weeks. Without a minimum of 39 weeks of pregnancy, a baby doesn't have enough time to grow and develop. This includes the development of the baby's brain, lungs, liver and other organs. Staying pregnant for at least 39 weeks increases the likelihood the baby will be born healthy and stay healthy.

By 2010, the rate of early elective deliveries in the state had reached 15.5 percent. Recognizing the potential risk this represented to mother and baby, a broad consortium representing the state, providers, hospitals and others came together to focus on correcting the problem. Their concerted effort yielded dramatic results: in a two-year period, the rate of early elective deliveries in the state had fallen to 2.9 percent. The rate in the current Community Checkup is even lower: 1.4 percent. Thanks to the work of these stakeholders, thousands of babies and their mothers have avoided the potential problems that attend early elective deliveries. Just as important, the effort proved that improving care is possible if everyone joins together.

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Hospital Results

As with other measures in the Common Measure Set, hospital results also display a significant amount of variation, a sign that there are opportunities for improvement. For example, at the lowest performing hospital, only a little more than three-quarters of patients are receiving adequate discharge information, which can help prevent readmissions. By comparison, the rate at the highest performing hospital is 95 percent. As another example, the rate of cesarean deliveries ranges from just 6 percent to 42 percent among the publicly reported hospitals.

But the results also point to some good news. The statewide cesarean delivery rate is well below the national average of nearly 33 percent. Such information highlights an important fact: thanks to providers and to organizations like the Washington State Hospital Association, Washington State has been able to successfully tackle a number of difficult issues, making the state among the most progressive nationally in its commitment to improve hospital care.

Room for Improvement: Results for Hospital Measures	State Average	Lowest Performing Hospital Rate	Highest Performing Hospital Rate	# of Hospitals with Publicly Reported Results
Patient Experience - Medicines Explained	64%	48%	77%	63
Patient Experience - Discharge Information	87%	76%	95%	63
30-day All Cause Readmissions (non Medicare) - Observed Rate	9%	21%	1%	39
Potentially Avoidable ER Visits	12%	18%	6%	87
Patients with 5 or More ER Visits with Care Guideline	13%	0%	96%	73
Cesarean Deliveries	25%	42%	6%	55
30-day Mortality Rate, Heart Attack	15%*	17%	11%	46
Catheter-associated Urinary Tract Infection - in ICU (per 1,000)	2.1	7.9	0	58
Catheter-associated Urinary Tract Infection - Outside ICU (per 1,000)	1.3	4.8	0	71
Stroke - Thrombolytic Therapy	80%	60%	95%	7
Falls with Injury per Patient Day (per 1,000)	0.7	12.8	0	82
Patient Safety (Composite of 11 indicators)[1]	N/A	1.41	0.59	92

**Source: Washington State Hospital Association*

[1] Score is the weighted average of the observed-to-expected ratios. A state average is not available for this measures, so comparisons are based upon national average.

All numbers rounded for display.

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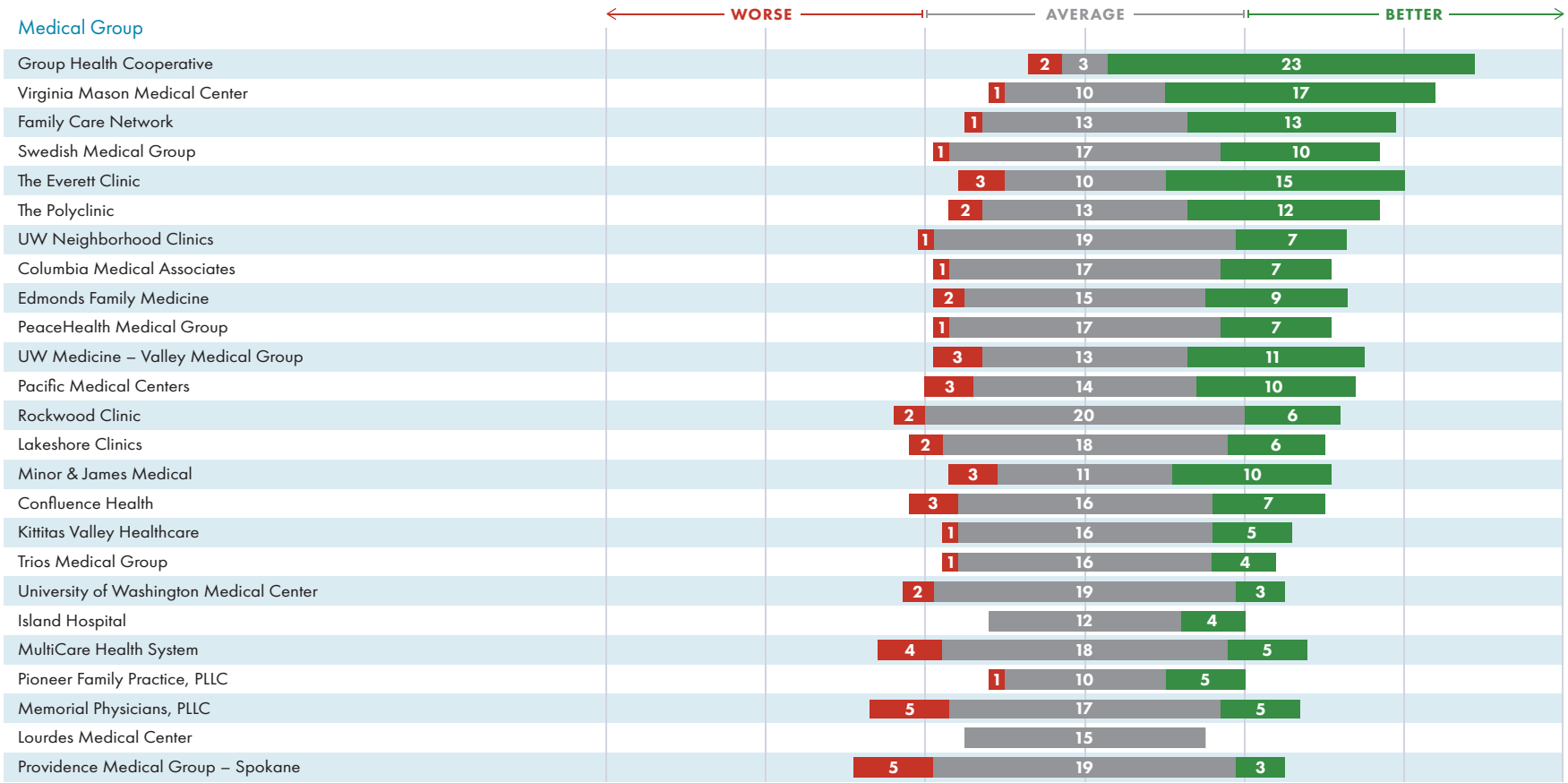
Medical Group Summary Charts

The following charts rank medical groups in the Community Checkup based on their results. Only medical groups with five or more reportable measures are included. The ranking is based on a formula that awards two points for each measure with **above average** result, one point for each measure with **average** results, and subtracts two points for each measure with **below average** results.

Figure 20: Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have **15 Or More** Reportable Measures



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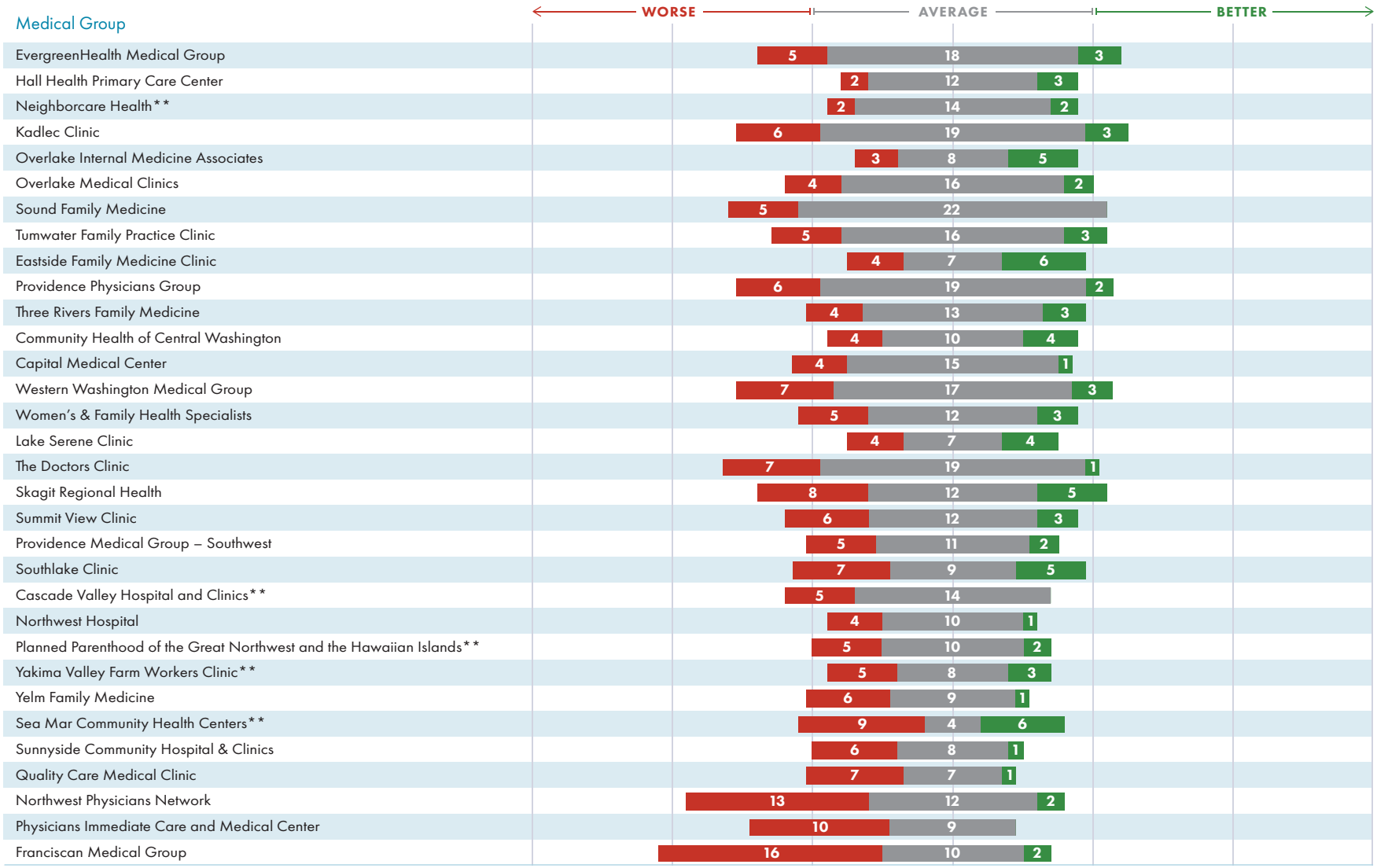
*** At least 50% of patients attributed to this medical group have Medicaid coverage.*

Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2014 and the measurement year of 7/1/2013 - 6/30/2014.

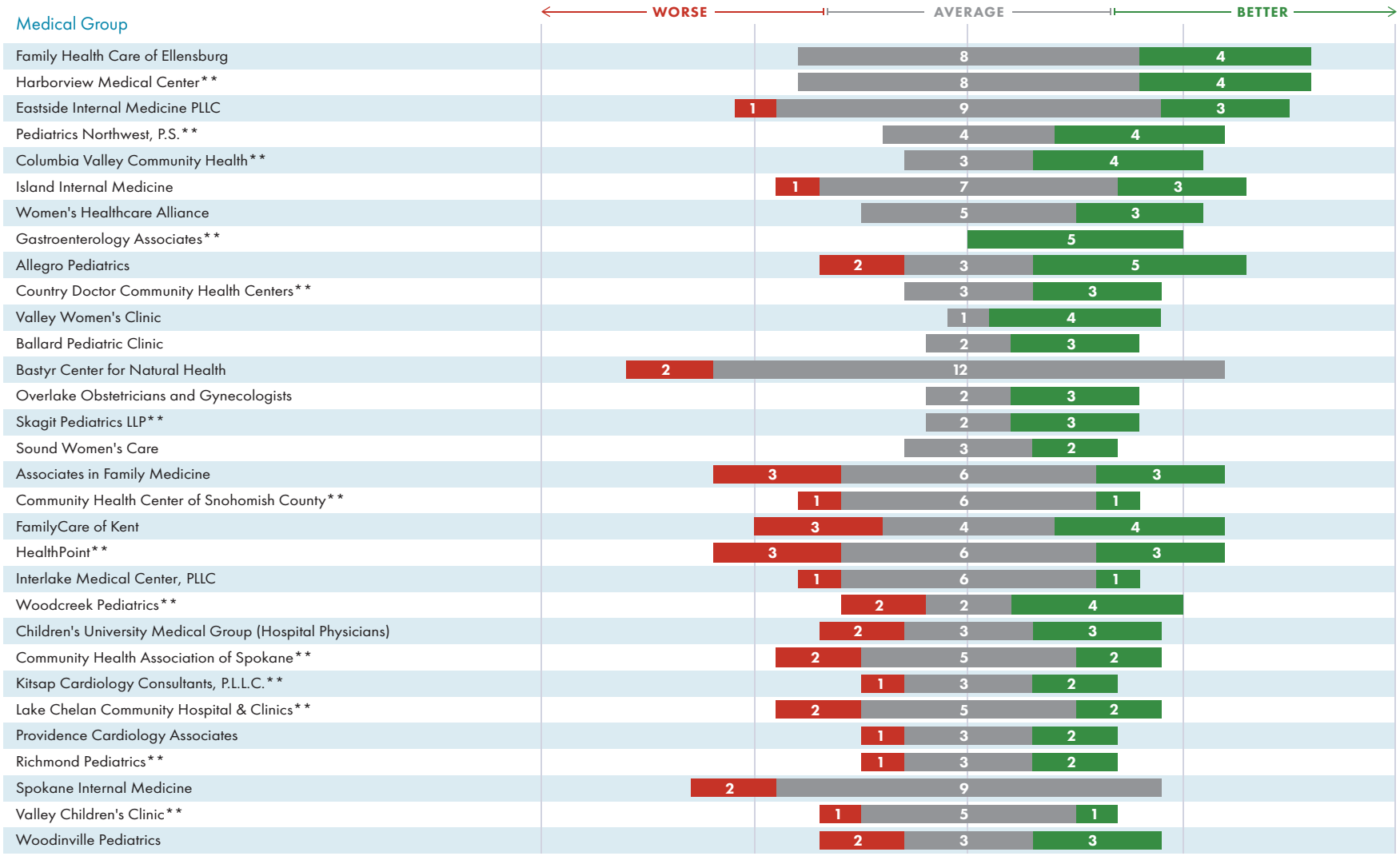
Figure 20: Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have **15 Or More** Reportable Measures *(continued)*



*** At least 50% of patients attributed to this medical group have Medicaid coverage.*

Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2014 and the measurement year of 7/1/2013 - 6/30/2014.

Figure 21: Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have **between 5 and 14** Reportable Measures



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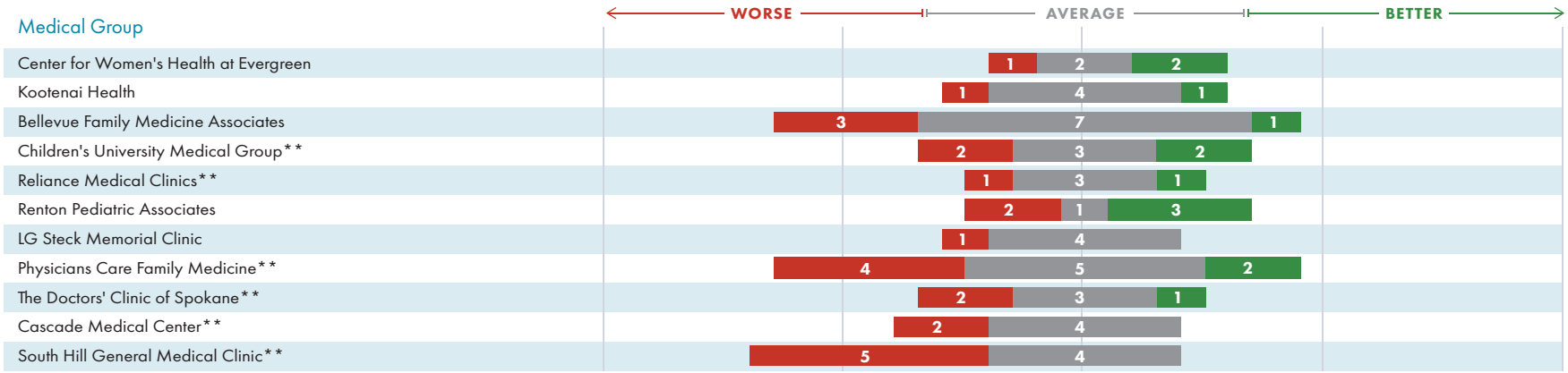
*** At least 50% of patients attributed to this medical group have Medicaid coverage.*

Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2014 and the measurement year of 7/1/2013 - 6/30/2014.

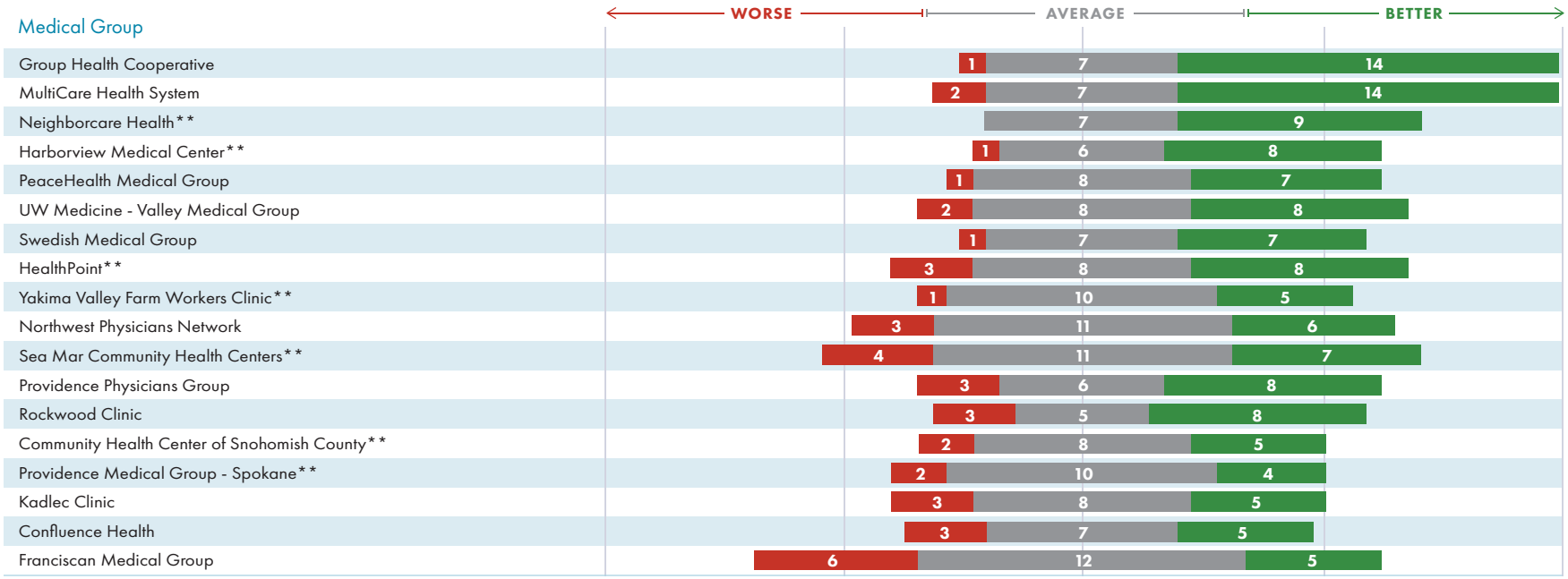
Figure 21: Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have **between 5 and 14** Reportable Measures *(continued)*



*** At least 50% of patients attributed to this medical group have Medicaid coverage.*

Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2014 and the measurement year of 7/1/2013 - 6/30/2014.

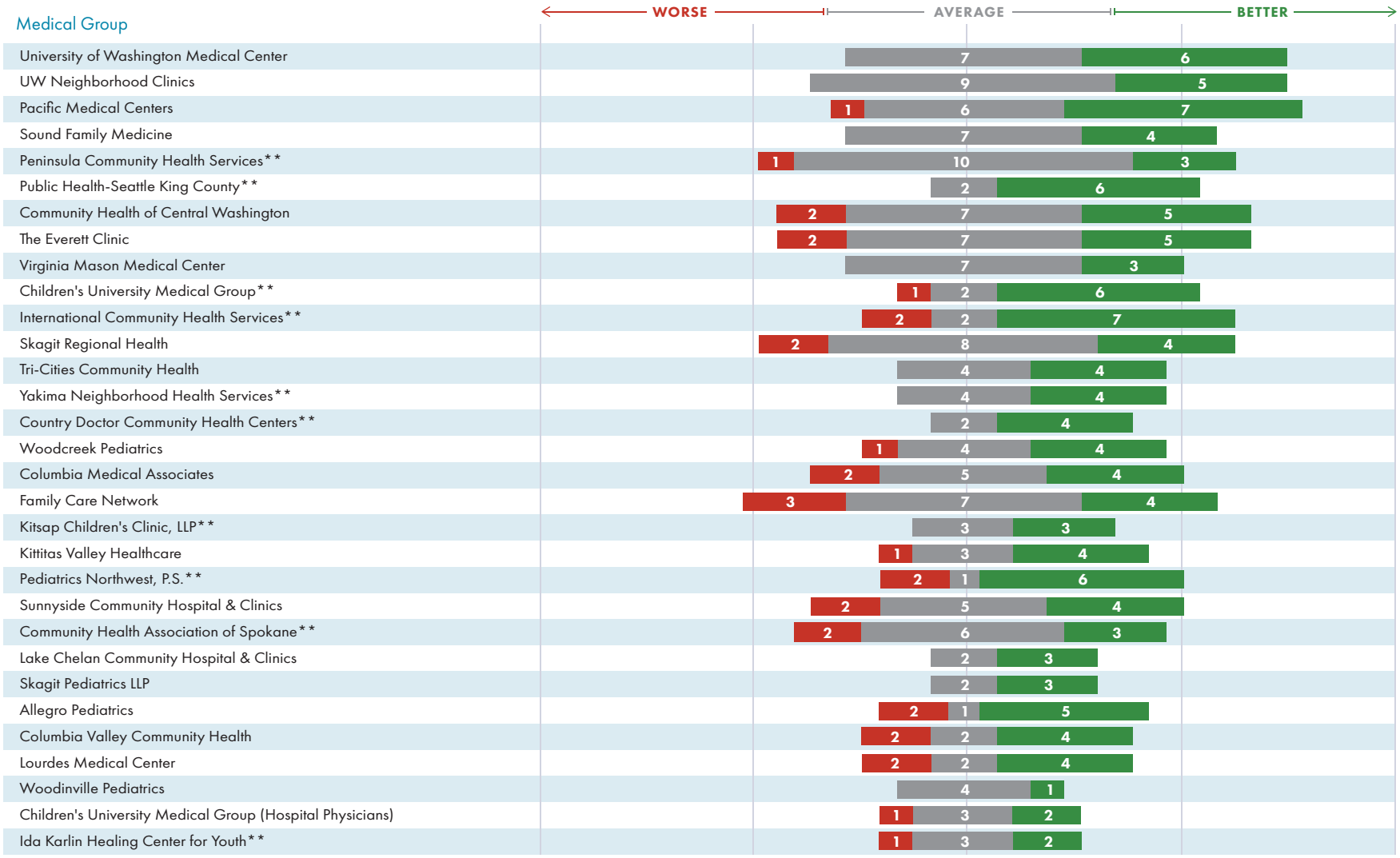
Figure 22: Ranking Medical Group Performance for **Medicaid Insured**: Medical Groups That Have **15 Or More** Reportable Measures



*** At least 50% of patients attributed to this medical group have Medicaid coverage.*

Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2014 and the measurement year of 7/1/2013 - 6/30/2014.

Figure 23: Ranking Medical Group Performance for **Medicaid Insured**: Medical Groups That Have **between 5 and 14** Reportable Measures



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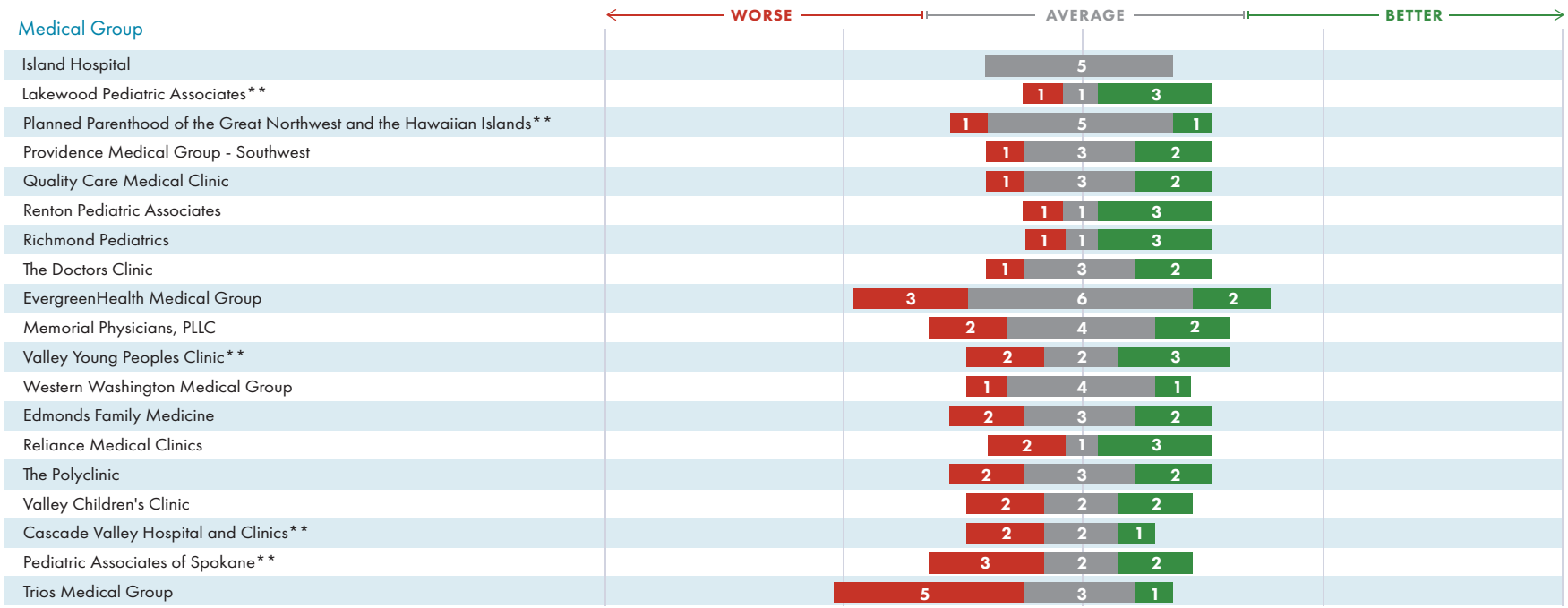
*** At least 50% of patients attributed to this medical group have Medicaid coverage.*

Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2014 and the measurement year of 7/1/2013 - 6/30/2014.

Figure 23: Ranking Medical Group Performance for **Medicaid Insured**: Medical Groups That Have **between 5 and 14** Reportable Measures *(continued)*



*** At least 50% of patients attributed to this medical group have Medicaid coverage.*

Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2014 and the measurement year of 7/1/2013 - 6/30/2014.

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Reporting on Health Plan Performance

This is the first time that health plan level results are being publicly reported in Washington State. The results included in this report are largely drawn from results reported by the health plans to and audited by the National Committee for Quality Assurance (NCQA). The following charts rank health plans based on their results. The ranking is based on a formula that awards two points for each measure with **above average** results, one point for each measure with **average** results, and subtracts two points for each measure with **below average** results. There are a total of 36 measures that are potentially available for health plans to report on. But, as you'll see below, health plans do not report results for all measures. In some cases, this is because the health plan has too few members to report statistically valid results for a particular measure. In other cases, health plans may not be willing, able or allowed to report results.

Health insurance plans play an important role in health care beyond helping people pay for essential medical services. Health plans are expected to focus not just on controlling costs, but also on improving the quality of health care their members receive. Health plans have access to a great deal of information and can assist physicians and other providers in closing gaps in patient care, ensure patient safety and reduce and eliminate waste in the system.

There are many ways health insurance plans can accomplish these goals. They can implement well-coordinated wellness, disease management and other member engagement programs. They can share useful information about patient care with members, medical groups and hospitals to help them promote health and manage disease. Health plans can effectively utilize provider contracting and payment that includes clear financial incentives to manage total cost of care while also achieving important quality-related goals.

Health insurance plans play an important role in health care beyond helping people pay for essential medical services. Health plans are expected to focus not just on controlling costs, but also on improving the quality of health care their members receive.

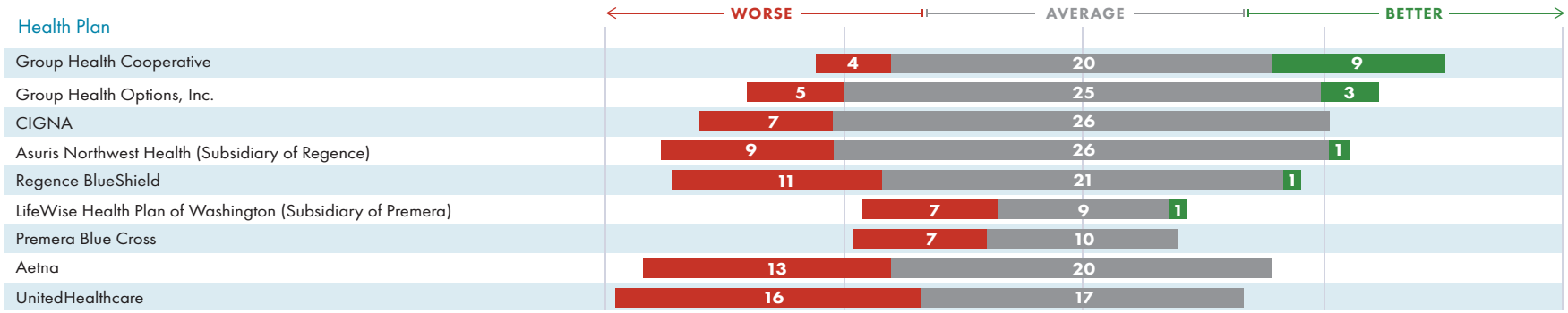
There are a number of factors to consider when looking at these results. Health benefit design may impact results. For example, health care insurance with limited benefits and/or a high deductible may dissuade consumers from seeking the right care. Plan performance rates may also be impacted by the population covered by that health plan (e.g., if a population is less healthy). In addition, individual consumers, and the choices they make to get preventive care at the right time or to follow their doctor's advice to manage chronic conditions, may also affect the performance of each health plan. And, last but certainly not least, how well health care providers across Washington State deliver care and treatments proven to be effective will impact the health plan's results.

Health plan results shown in this report may differ from results for health plan products that are available on the individual market via Washington's Health Benefit Exchange. Performance rates may be lower for individual plans than for commercial or group business plans. This is, in large part, because people with continuous employer or union-sponsored health care benefits over a longer period of time may see a different health impact than those who individually purchase health insurance and who may have not had regular access to the health care they need.

For people evaluating health plans, the results included in this report are very important but it should be noted that they do not provide a *complete* picture. These measures were selected because they are well-established nationally as key indicators of health care quality and many of them are part of a measure set required for health plan accreditation. But there are numerous other important aspects of health plan performance and health care quality that are not addressed by these measures.

For a full report on health plan results, please visit
www.wacommunitycheckup.org

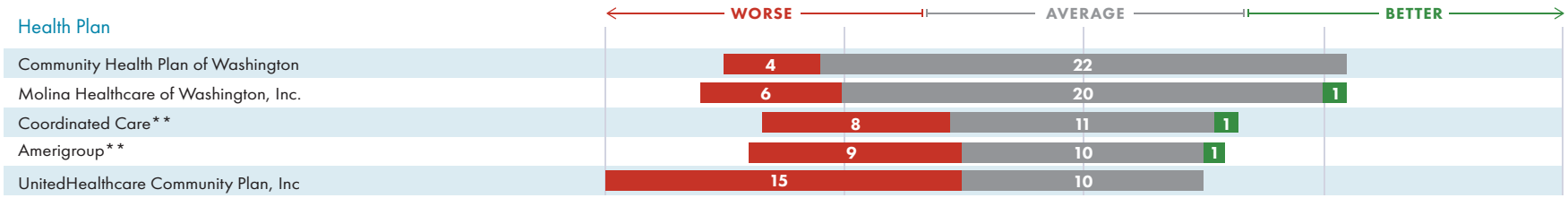
Figure 24: Ranking Health Plan Performance for **Commercially Insured**



Based on NCQA 2015 HEDIS Final Rates (measurement period 1/1/2014 - 12/31/2014 from Quality Compass® 2015 and is used with permission of the National Committee for Quality Assurance ("NCQA"). Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA.

Better = Number of measures where the health plan's performance rate was at or above the National Commercial All Lines of Business HEDIS 75th percentile.
Average = Number of measures where the health plan's performance rate was between the HEDIS National Commercial All Lines of Business HEDIS 50th-74th percentiles.
Worse = Number of measures where the health plan's performance rate was below the HEDIS National Commercial All Lines of Business HEDIS 50th percentile.

Figure 25: Ranking Health Plan Performance for **Medicaid Insured**



*Based on NCQA 2015 HEDIS Final Rates (measurement period 1/1/2014 - 12/31/2014) from Quality Compass®, except for **, which are based upon results provided by HCA and Qualis Health. Quality Compass® 2015 is used with permission of the National Committee for Quality Assurance ("NCQA"). Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA.*

Better = Number of measures where the health plan's performance rate was at or above the National Medicaid HMO HEDIS 75th percentile.
Average = Number of measures where the health plan's performance rate was between the HEDIS National Medicaid HMO HEDIS 50th-74th percentiles.
Worse = Number of measures where the health plan's performance rate was below the HEDIS National Medicaid HMO HEDIS 50th percentile.

Columbia United Providers is not included because it did not have Medicaid clients during the measurement period.

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Health Care Spending for State-Purchased Care

Health care is expensive and getting more so. There's a problem when monthly health care bills cost a family of four as much as or more than a house payment and the services don't always resolve health needs. It is all too common for people not to know what their health care will cost them until weeks or months later when they get a bill. And, depending on where they go for health care, the costs can vary tremendously for no apparent reason.

To better understand variation in health care costs across Washington and identify opportunities, we need much better access to cost information and it needs to be publicly available to help people make smart choices. As a starting point, it is important to understand what we are currently spending on health care as a state and to understand that the rate of growth in health care spending is unsustainable and detracts from our ability to also invest in other important areas of our state's economy.

It is the goal of the Healthier Washington initiative to achieve the triple aim of better health, better care and lower costs. The measurement of price, cost and spending is an important step in achieving this aim, and we are taking steps to create better transparency about health care costs over the next few years. In the meantime, the state, as the largest purchaser of health care, will lead by example in measuring and reporting what it is spending to purchase health care in Washington and continue to look for opportunities to slow the rate of spending growth while also diligently working to improve health and the quality of health care in our communities.

Health Care Spending Growth in Washington State Related to the Washington State Gross Domestic Product (GDP)

As shown in the chart below, Washington State's GDP grew by 3 percent from 2013 to 2014, while annual per capita state-purchased health care spending grew by over 6 percent.

	2013	2014	% Change[1]
WA State-Purchased Health Care Annual Spending (includes Medicaid and PEB)	$ 5,498,631,605	$ 8,175,959,898	48.69%
WA State Health Care Eligible Members (Medicaid and PEB)	1,190,940	1,645,113	38.14%
WA State GDP[2]	$ 379,014,000,000	$ 390,489,000,000	3.03%
WA State Population	6,974,000	7,062,000	1.26%
Annual Per Capita State-Purchased Health Care Spending Growth Relative to State GDP[3]	8.50%	8.99%	6.14%

[1] *In 2014, the first year of the Affordable Care Act, eligibility requirements changed, creating a new eligibility group. This eligibility group did not exist in 2013.*

[2] *U.S. Bureau of Economic Analysis (BEA) Gross Domestic Product (GDP) for Washington, 2013 and 2014.*

[3] *Numerator=[(Annual Total Medicaid Spending+ Annual Total PEBB Spending)/(Average Monthly Medicaid eligibles in the year + Average Monthly PEB enrollees in the year)]. Denominator=State's Annual GDP/ State population.*

Medicaid per Enrollee Spending in Washington State

Medicaid is a vitally important health insurance program. Historically, it has been the primary source of health care insurance for low-income families, elderly and disabled, and it is the largest children's health program in the country. Beginning in 2014, the Affordable Care Act increased Washington Apple Health (Medicaid) eligibility limits, bringing health care coverage to hundreds of thousands of additional adults in Washington State (ages 19 through 65) who earn up to 138 percent of the federal poverty level. Medicaid is a joint program with costs shared by federal and state government. Today, Medicaid provides health insurance for approximately two out of every ten Washington State residents. As noted in the chart below, Washington saw a 9.8 percent increase in Medicaid per enrollee spending from 2013 to 2014.

	2013	2014	% Change
Medicaid Expenditures[4]	$ 4,081,741,956	$ 6,652,906,096	63.65%
Medicaid Average Member Enrollment	920,906	1,372,530	49.04%
Medicaid per Enrollee Annual Spending	$ 4,432	$ 4,847	9.80%

[4] This measure contains information on Medicaid spending per enrollee and includes both state and federal Medicaid payments. These figures represent the average (mean) level of payments across all Medicaid enrollees, including those receiving full Medicaid benefits, during calendar year 2014, based on date of payment. Per capita costs for Medicaid from 2013 to 2014 are skewed by dramatic changes in demographics and make-up of the program due to the Medicaid expansion and should not be used for comparison to other time periods. For details about methodology used to calculate results, please see Community Checkup Technical Specifications at: www.wacommunitycheckup.org/resources/alliance-reports.

As a starting point, it is important to understand what we are currently spending on health care as a state and to understand that the rate of growth in health care spending is unsustainable and detracts from our ability to also invest in other important areas of our state's economy.

Public Employee per Enrollee Spending in Washington State

Washington State purchases and coordinates health insurance benefits for eligible public employees and retirees. This is done through the Public Employees Benefits (PEB) Program. As noted in the chart below, Washington saw a 6.49 percent increase in PEB per enrollee spending from 2013 to 2014.

	2013	2014	% Change
PEB Expenditures[5]	$ 1,416,889,649	$ 1,523,053,802	7.49%
PEB Average Member Enrollment	270,034	272,584	0.94%
PEB per Enrollee Annual Spending	$ 5,247	$ 5,587	6.49%

[5] *This measure contains information on Public Employee Benefit (PEB) spending per enrollee and calculations represent the average (mean) level of payments across all PEB enrollees, during calendar year 2014, based on date of payment.*

Healthier WASHINGTON

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Methodology

HOW IS THE COMMUNITY CHECKUP CREATED?

The 2015 Community Checkup results are based on care provided to people living in Washington State. All of the measures from the Washington State Common Measure Set for Health Care Quality and Cost are included in this Community Checkup report and are on the website. The Washington Health Alliance also reports results for several additional measures. For details about methodology used to calculate results, please see *Community Checkup Technical Specifications* at: www.wacommunitycheckup.org/resources/alliance-reports.

The 2015 Community Checkup relies on three categories of data to produce results:

- The Washington Health Alliance maintains a robust database that includes health care claims and encounter data from 20 data suppliers and reflects care provided to approximately 3.9 million people living in Washington. Results for many measures in the Community Checkup are calculated at the medical group, clinic, hospital, county and state levels using this database.
- Results and technical support for other measures in the Community Checkup are provided by partner organizations who have agreed to provide de-identified and aggregated results for public reporting. These partners include the Washington State Hospital Association, the Washington State Department of Health, the Washington State Department of Social and Health Services, the Pharmacy Quality Alliance, the Washington State Health Care Authority, the Foundation for Health Care Quality, the National Committee on Quality Assurance and several health plans. Results for these measures have been provided at the hospital, health plan, county and state levels.
- Patient experience results (primary care) are from a survey on patient experience administered by the Center for the Study of Services (CSS) on behalf of the Washington Health Alliance. These results will be updated during the first quarter of 2016. Patient experience results (hospital) are from CMS Hospital Compare and are updated quarterly.

For those measure results produced by the Washington Health Alliance using its own database, assembling Community Checkup measure results is a multi-step process that includes the following:

- **Data submission and validation** – Data suppliers submit claims and encounter data to Milliman, the Alliance's data vendor. Milliman works directly with data suppliers to validate the data submitted and the initial performance measure results.
- **Update of the Alliance medical group roster database** – Medical groups update their clinician rosters and practice locations on a yearly basis. The Alliance uses information from this directory to create and maintain a comprehensive list of clinicians by clinic location.
- **Measure calculation** – Milliman removes patient identifying information to ensure privacy, aggregates the data and calculates measure results.
- **Attribution of results to providers** – Milliman attributes results to providers based upon a provider attribution methodology. See *Community Checkup Attribution Methodology* at: www.wacommunitycheckup.org/resources/alliance-reports
- **Medical group review of draft results** – The Alliance runs initial medical group and clinic results (providers are mapped to clinics and medical groups using the provider directory described above) and has Milliman post them to a secure online portal for medical group review. Medical groups access and review their draft results via the secure portal and notify the Alliance of any potential data issues.
- **Measure results finalized** – The Alliance, Milliman and the medical groups resolve any data issues in order to finalize the data set and run final results.
- **Measure results made public** – Medical groups receive a detailed final report. Medical group and clinic-level results are released to the public. Additionally, the results are incorporated into a searchable online tool on the Community Checkup website at www.wacommunitycheckup.org.

ABOUT MEDICAID RESULTS

Medicaid results in this report should be interpreted with caution, especially with respect to year over year changes. Specifically, because of the Medicaid expansion, the denominator of Medicaid beneficiaries has been significantly altered through the addition of more than 550,000 new adult enrollees. This significant change took place within the 2014 reporting year which is July 1, 2013 through June 30, 2014. This change in Medicaid caseload characteristics could distort 2014 results when compared with 2013 results. In addition, because data in 2013 and 2014 does not include claims information from four of the six contracted managed care plans, a significant portion of the managed Medicaid population was filtered from the results for this report.

Cumulatively, these factors can substantially impact reporting of results within and between reported years. Notwithstanding these apparent issues, this report balances concerns around incomplete Medicaid data with the need to report on performance across all payer groups, i.e., commercial and Medicaid payers.

COMMUNITY CHECKUP DATA SUPPLIERS

The following data suppliers voluntarily share their data with the Washington Health Alliance:

Health Issuers and Network Administrators

- Aetna Health and Life Insurance Company
- Asuris Northwest Health
- Cigna Health and Life Insurance Company
- Group Health Cooperative
- Premera Blue Cross
- Regence BlueShield
- UnitedHealthcare Insurance Company
- Washington State Health Insurance Pool

Managed Medicaid Plans

- Community Health Plan of Washington
- Molina Healthcare of Washington

Medicaid

- Washington State Health Care Authority

Purchasers and Labor Trusts

- The Boeing Company
- Carpenters' Trust
- City of Seattle
- King County
- Recreational Equipment Inc. (REI)
- Sound Health and Wellness Trust
- Washington State Health Care Authority Uniform Medical Plan
- Washington Teamsters

Independent Practice Association – Provider Network

- First Choice Health

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Healthier WASHINGTON

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ABOUT HEALTHIER WASHINGTON

Healthier Washington will transform health care in Washington State so that people experience better health during their lives, receive better care when they need it, and care is more affordable and accessible. Healthier Washington is in the early stages of a five-year Health Care Innovation Plan that has brought together hundreds of people from many communities to put the best solutions to work for the people of our state. This work will improve the quality of life for everyone regardless of their income, education or background. The Healthier Washington initiative will:

1. Build healthier communities and people through prevention and early attention to disease
2. Integrate care and social supports for individuals who have both behavioral and physical health needs
3. Reward quality health care over quantity, with state government leading by example as Washington's largest purchaser of health care

The effort to transform Washington's health care system is one of the largest efforts of its kind and guided by the principle that no one individual or organization alone can make it happen. Working together, we can achieve better health and better care at lower cost for Washington's residents.

ABOUT THE WASHINGTON HEALTH ALLIANCE

The Washington Health Alliance is a place where stakeholders work collaboratively to transform Washington state's health care system for the better. The Alliance brings together organizations that share a commitment to drive change in our health care system by offering a forum for critical conversation and aligned efforts by stakeholders: purchasers, providers, health plans, consumers and other health care partners. The Alliance believes strongly in transparency and offers trusted and credible reporting of progress on measures of health care quality and value. The Alliance is a nonpartisan 501(c)(3) nonprofit with more than 185 member organizations. A cornerstone of the Alliance's work is the Community Checkup, a report to the public comparing the performance of medical groups, hospitals and health plans and offering a community-level view on important measures of health care quality (www.wacommunitycheckup.org).

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Community Checkup report:
www.WACommunityCheckup.org

More about the Alliance:
www.WAHealthAlliance.org

More about Healthier Washington:
www.hca.wa.gov/hw/