Healthier WASHINGTON

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2017 COMMUNITY CHECKUP REPORT

Improving Health Care in Washington State

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Dear Community Member,

Thanks to the work of the Washington Health Alliance and our member organizations, Washington state has a well-earned reputation for transparency when it comes to health care quality. The Community Checkup report, of which this is the eleventh version, has made objective, comparable information about the performance of medical groups, hospitals and health plans widely available.

The speed at which all the stakeholders in health care have come to embrace transparency is a testament to the collaborative spirit that characterizes our state. It also says we are a state with health care and business leaders that recognize we can and must do better. But transparency has only taken us so far. While it is an important foundation for change, it does not equate to change itself.

Change requires action. Each stakeholder group has an important and active role to play in transforming our health care system. Purchasers need to actively embrace benefit design strategies that encourage use of evidence-based care and discourage overuse of care that doesn't add value and may increase the risk of harm. Providers need to change practice patterns to ensure that patients are receiving evidence-based care at the right time for the right reason. Health plans need to ensure provider payment is linked to value, not volume, and offer products that reward consumers for doing the right thing. And consumers need to take an active role in their own care to make sure they are spending their health care dollars wisely.

This report is a call to action. After nearly a decade of public reporting, collectively, we have yet to move the needle on improving care as much as we thought we would when we began this effort. That's why the sections of this report include specific action steps each group of stakeholders can take for change.

Some of that change is already underway. The Alliance is pleased to partner with Healthier Washington, an initiative led by the Washington State Health Care Authority, to report on the Common Measure Set for Health Care Quality and Cost. The Common Measure Set was developed to align measurement efforts across a wide variety of organizations and send a common message about performance accountability. The Common Measure Set serves as the basis for purchasing health care based on better value, i.e., higher quality at an affordable price, a direction that a number of health plans and purchasers in our state are beginning to pursue.

We take pride in the fact that the Community Checkup has become the go-to resource for unbiased, trustworthy data about the quality of health care in Washington state. Now, however, the Community Checkup needs to become a report about our actions to drive better value, and not merely transparency.

The Alliance is grateful to our data suppliers for providing the data needed to produce the Community Checkup. We would also like to acknowledge the many organizations that provided results for the Common Measure Set: the Washington State Hospital Association, CMS/Hospital Compare, 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 are critical to the Community Checkup and exemplify the collaboration we have in our state that is so critical to improving the health system.

Sincerely,

Nancy A. Giunto,
Executive Director
Washington Health Alliance

Lou McDermott,
Acting Director
Washington State Health Care Authority

A Decade of Transparency

This version of the Community Checkup report is being released on the eve of the tenth anniversary of an important milestone: the publication of the first Community Checkup report. The Alliance's first report on the quality of care was confined to 14 volunteer medical groups with more than 150 clinic locations in the Puget Sound region that were willing to advance the cause of transparency. The results showed that no one excelled at everything and that there was plenty of room for improvement.

A lot has changed in the intervening decade. This version of the Community Checkup report includes results for approximately 300 medical groups and 1,000 clinic locations of four or more providers in the entire state of Washington. The first report included 21 performance measures, while the current one offers more than 100. As more health plans and self-funded purchasers have joined the Alliance's efforts, the number of people whose care is reflected in our database has grown from approximately 1.6 million to four million.

This year's Community Checkup includes the third set of results for the Washington State Common Measure Set on Health Care Quality and Cost, an integral part of the state's Healthier Washington Initiative. The 56 measures enable a common way of tracking important elements of health and how well the health care system is performing.

A LONG JOURNEY STILL AHEAD

Yet in too many ways, not enough has changed. There's still plenty of room for improvement in the state's overall performance. Unwarranted variation is still the most noteworthy feature in our health care system, whether it's by geography (counties, Accountable Communities of Health) or by institution (medical groups, clinics, hospitals and health plans). While individual regions and organizations excel on certain measures, as a whole the state's performance still leaves a lot to be desired. The belief that in Washington you can find high-quality health care behind every door is often more of a myth than reality.

The Alliance's goal is that providers in the state are in the top ten percent of performance nationally. But as the charts at the end of this section illustrate, we are far from achieving that goal. In fact, for too many measures for the commercially insured population, the state is not even in the top half of performance. The results are even more disturbing for the Medicaid insured population, where on many measures the performance is in the lowest quartile nationally.

These results highlight the importance—and limits—of transparency. Without the breadth of data analysis in the Community Checkup, we would never know the overall performance of the state or the individual results for medical groups and clinics. Because this information is publicly available, stakeholders can identify where performance falls short and where it excels based on objective, comparative data.

"The Community Checkup is a great tool for purchasers to use in opening up a dialogue with your health plan partners. When you can see how your population compares to others on specific health outcomes, it's easier to hone in on improvement opportunities and get to work."

– **Caroline Whalen,**
County Administrative Officer and Director for the King County Department of Executive Services, King County

MOVING TO ACTION

At the same time, the inability to accelerate change demonstrates that transparency only goes so far. While it is foundational to any improvement (i.e., you can't fix what you can't see), transparency is only the first step on a long journey that involves all of the stakeholders in the health care system. The critical next step is *action*.

Action can encompass many things, depending on the stakeholder. Encouraging providers to align practice patterns with evidence-based care and to avoid unnecessary treatments and procedures may seem the most obvious, but it is hardly the only action needed for change. Because our current fee-for-service payment system does not reward providers on the basis of outcomes, purchasers need to implement benefit strategies that move in that direction and health plans need to promote products that meet that goal. Consumers have to become more active participants in their care, discern higher value and learn that more care is not necessarily better.

In recognition of the critical importance of action, this report includes call-out boxes with action steps stakeholders can take to move the needle to improvement. These suggestions are in keeping with the Alliance's goal of spurring conversations to align collective efforts for value-based action.

"Employers can use the Community Checkup as a reference when considering health plan designs that offer meaningful incentives to use high-quality providers."

– **Michele Ritala**,
Health & Welfare Program Manager, Puget Sound Energy

Steps Required to Achieve Better Value in Health Care

HEALTHIER WASHINGTON

Fortunately, the state is a catalyst for change through its Healthier Washington Initiative. Funded by a generous state innovation model grant from the Centers for Medicare and Medicaid, Healthier Washington has three goals:

- Building healthier communities through a collaborative regional approach
- Integrating how we meet physical and behavioral health needs so that health care focuses on the whole person
- Improving how we pay for services by rewarding quality over quantity

Healthier Washington has created momentum in the state for innovative changes to our health care system and a lot of impressive and collaborative work is being undertaken at the local level, led by the Accountability Communities of Health. As the grant enters its final year, it will be important for all stakeholders to capitalize on that momentum to achieve the shared vision of a state where all residents experience better health throughout their lives and receive better—and more affordable—care when they need it.

The following tables show the state's performance against national benchmarks established by the National Committee for Quality Assurance (NCQA), a nonprofit that develops quality standards and performance measures that are nationally vetted and widely recognized. While the results are often disappointing, they also point the way to where specific, targeted interventions are necessary to ensure Washingtonians consistently receive high-quality care.

"Washington state has nine Accountable Communities of Health and all of us are working hard to support local health improvement, practice transformation and value-based purchasing. Health systems transformation requires access to reliable performance data from a local partner we can trust. The Alliance's Community Checkup is a tremendous resource, offering trusted and detailed information on specific areas for our communities to target for improvement."

– **Elya Moore, PhD, MS,**
Executive Director, Olympic Community of Health

Figure 1: Washington State Performance for **Commercially Insured** as Compared to NCQA National Benchmarks

National Benchmarks	Measure	State Average	National 90th Percentile
Above National 90th Percentile	Access to primary care (ages 12–24 months)	98%	96%
	Eye exam for people with diabetes	75%	68%
Between National 75th and 90th Percentile	Access to primary care (ages 65+)	98%	98%
	Avoiding antibiotics for adults with acute bronchitis	38%	39%
	Avoiding antibiotics for children with upper respiratory infection	93%	95%
	Avoiding X-ray, MRI and CT scan for low-back pain	81%	82%
	Breast cancer screening	76%	80%
	Staying on antidepressant medication (12 weeks)	72%	76%
	Staying on antidepressant medication (6 months)	57%	60%
Between National 50th and 75th Percentile	Blood sugar (HbA1c) testing for people with diabetes	91%	94%
	Colon cancer screening	64%	72%
	Follow-Up Care for Children Prescribed ADHD Medication (30 days)	43%	50%
	Follow-Up Care for Children Prescribed ADHD Medication (9 months)	49%	57%
	Kidney disease screening for people with diabetes	91%	93%
	Monitoring patients on high-blood pressure medications	84%	87%
	Statin therapy for patients with cardiovascular disease	82%	86%
Between National 25th and 50th Percentile	Access to primary care (ages 12–19 years)	90%	97%
	Access to primary care (ages 45–64)	96%	97%
	Access to primary care (ages 7–11 years)	90%	96%
	Adolescent well-care visits	44%	65%
	Cervical cancer screening	74%	81%
	Chlamydia screening	43%	62%
	Spirometry testing to assess and diagnose COPD	39%	50%
	Well-child visits (ages 3–6 years)	73%	87%
Below National 25th Percentile	Access to primary care (ages 2–6 years)	89%	96%
	Access to primary care (ages 20–44)	91%	95%
	Appropriate testing for children with sore throat	78%	93%
	Managing medications for people with asthma	43%	57%
	Well-child visits (in the first 15 months)	69%	88%

National 90th percentile is based upon national benchmarks computed by the National Committee for Quality Assurance (NCQA). This reflects the top 10 percent of performance across the nation.

Figure 2: Washington State Performance for **Medicaid** as Compared to NCQA National Benchmarks

National Benchmarks	Measure	State Average	National 90th Percentile
Above National 90th Percentile	Staying on antidepressant medication (12 weeks)	65%	64%
	Staying on antidepressant medication (6 months)	51%	49%
Between National 75th and 90th Percentile	Access to primary care (ages 12–24 months)	93%	95%
	Avoiding antibiotics for children with upper respiratory infection	94%	96%
	Avoiding X-ray, MRI and CT scan for low-back pain	76%	78%
	Statin therapy for patients with cardiovascular disease	82%	84%
Between National 50th and 75th Percentile	Access to primary care (ages 65+)	88%	94%
	Avoiding antibiotics for adults with acute bronchitis	33%	40%
	Breast cancer screening	61%	70%
	Cervical cancer screening	59%	71%
	Managing medications for people with asthma	38%	50%
	Spirometry testing to assess and diagnose COPD	32%	45%
Between National 25th and 50th Percentile	Appropriate testing for children with sore throat	69%	88%
	Blood sugar (HbA1c) testing for people with diabetes	87%	93%
	Chlamydia screening	51%	71%
	Eye exam for people with diabetes	51%	68%
	Kidney disease screening for people with diabetes	90%	93%
Below National 25th Percentile	Access to primary care (ages 12–19 years)	84%	96%
	Access to primary care (ages 2–6 years)	79%	98%
	Access to primary care (ages 20–44)	72%	87%
	Access to primary care (ages 45–64)	78%	91%
	Access to primary care (ages 7–11 years)	83%	93%
	Adolescent well-care visits	38%	68%
	Follow-Up Care for Children Prescribed ADHD Medication (30 days)	38%	57%
	Follow-Up Care for Children Prescribed ADHD Medication (9 months)	45%	69%
	Monitoring patients on high-blood pressure medications	85%	93%
	Well-child visits (ages 3–6 years)	62%	83%
	Well-child visits (in the first 15 months)	43%	72%

National 90th percentile is based upon national benchmarks computed by the National Committee for Quality Assurance (NCQA). This reflects the top 10 percent of performance across the nation.

The source for this benchmark data contained in this publication is Quality Compass® 2017 and is used with the 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.

Taking Better Care of the State's Children

Childhood is a critical time for brain and body development. That's why it is important for children to get appropriate care at the appropriate time. Regular doctor visits during childhood can help children address health problems early, get vaccinated against diseases, and set them on a path for a healthy life.

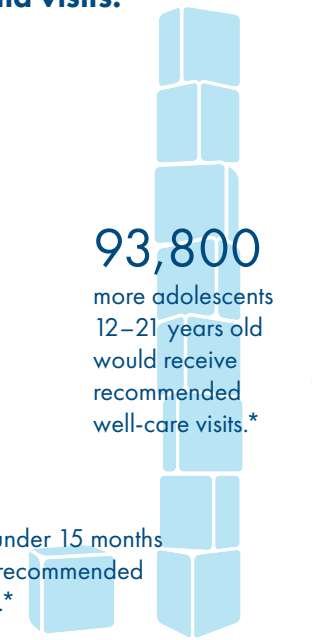
Well-child visits are one of the focus areas for the state's Healthier Washington Initiative. This year's Community Checkup introduces a new measure focused on well-child visits in the first 15 months of life. These visits are an opportunity for doctors to talk with parents about normal childhood development, nutrition, sleep, safety, and other important topics such as what to expect as their child grows up.

In adolescence, well-care visits are recommended to help young people as they develop physically, intellectually and emotionally. These visits provide an opportunity to assess an adolescent's growth and development, provide guidance on health issues unique to this age group and administer recommended screenings.

Well-child visits also provide an opportunity for children to get vaccinations at the appropriate times to prevent a wide variety of diseases. Receiving recommended vaccinations are among the most proven, effective prevention strategies in health care.

The following charts show that Washington state is falling well short of the national 90th percentile for many of these measures. And unfortunately, children insured through Medicaid fare even worse. For example, 69% of commercially insured children receive the recommended six or more well-child visits in the first 15 months of life, while only 43% of Medicaid insured children meet that recommendation.

If Washington were in the top 10 percent nationally for well-child visits:



93,800
more adolescents 12–21 years old would receive recommended well-care visits.*

12,300
more children under 15 months would receive recommended well-child visits.*

If we reached just a 50% immunization rate, nearly

37,500
more children would be vaccinated against serious disease by age 13.

*These are estimates based on the commercially and Medicaid insured lives in the Alliance's database for this measurement period. Actual statewide numbers will be higher.

TAKING ACTION

For purchasers: Strongly encourage employees to make sure their children are having their well-child visits. These visits are a key component of improving overall health and controlling future health conditions and costs.

For providers: Providers should work within their communities to understand and break down social risk factors that may interfere with parents getting their kids in for well-child care.

For parents: Make well-child visits a priority and automate the process as much as possible. Set reminders on your calendar, schedule visits well in advance, and remember that these visits are in your child's best interest.

For plans: Use health insurance claims information to identify gaps in care and proactively reach out to members who have children who have not received recommended well-child visits and vaccinations.

Figure 3: Variation among **Medical Groups** for Well-Child Visits

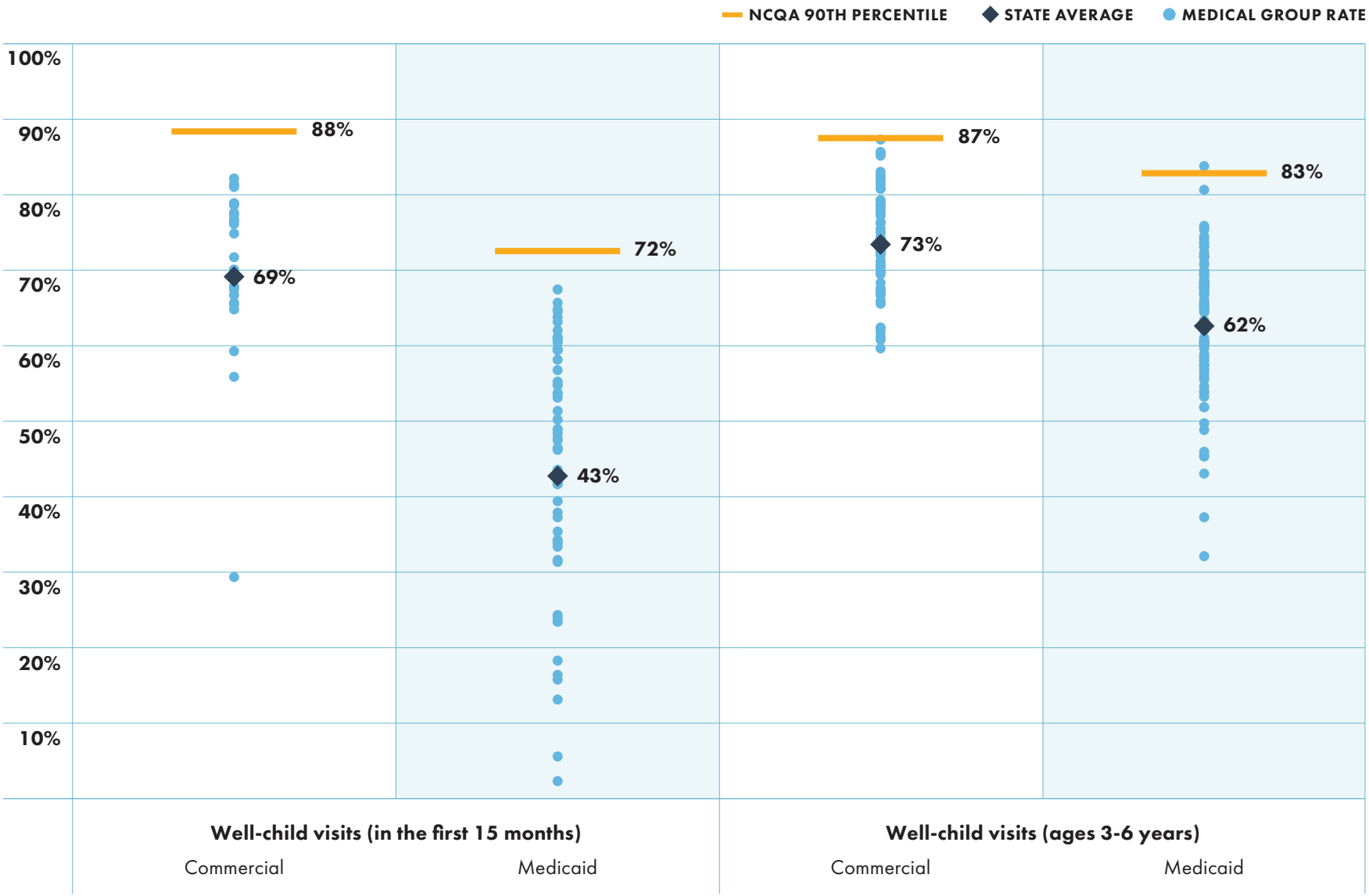


Figure 4: Variation among **Counties** for Well-Child Visits (in the first 15 months) for **Medicaid Insured**

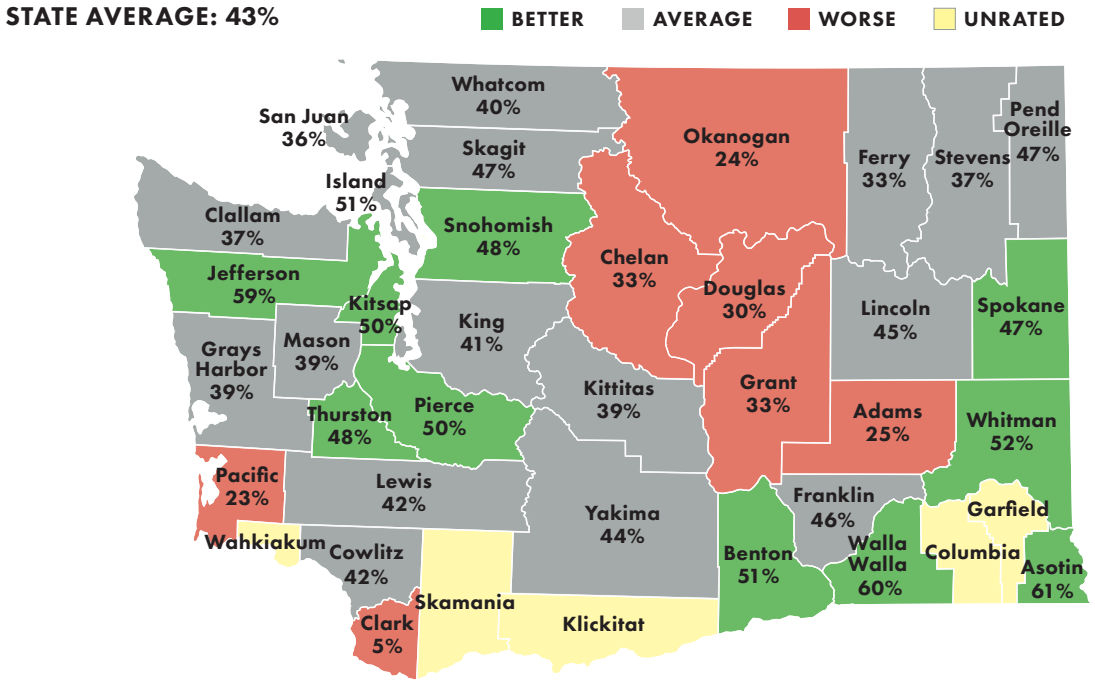


Figure 5: Variation among **Accountable Communities of Health** for Well-Child Visits (in the first 15 months) for **Medicaid Insured**

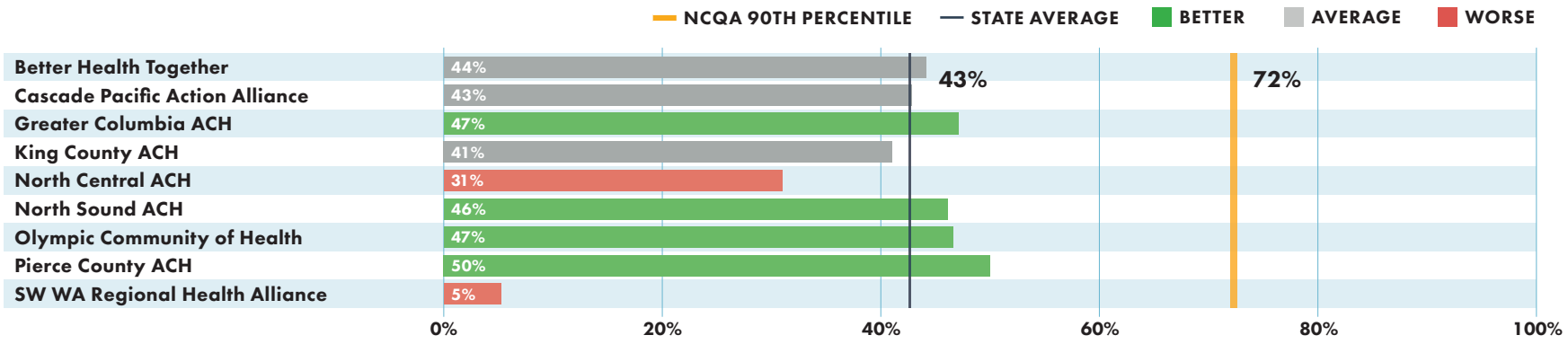


Figure 6: Variation among **Counties** for Immunization by Age 13

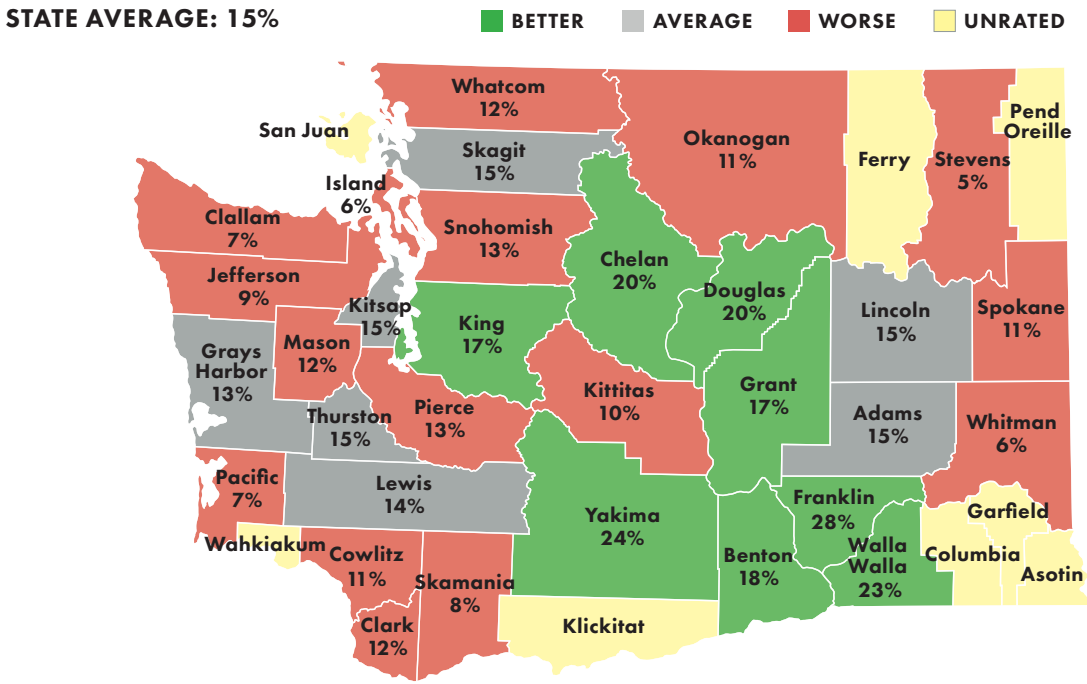
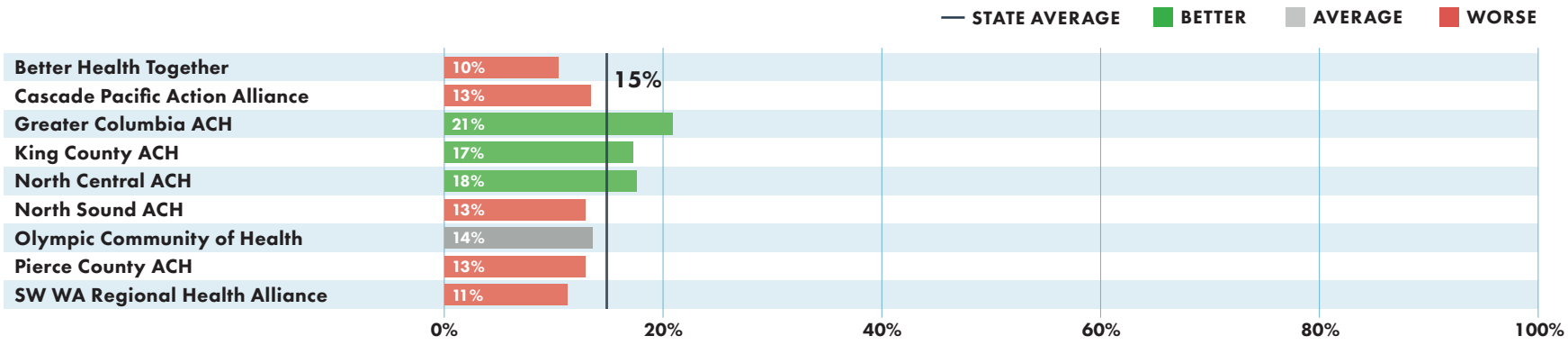


Figure 7: Variation among **Accountable Communities of Health** for Immunization by Age 13



Getting Ahead of the Curve—Screening to Save Lives and Reduce Morbidity

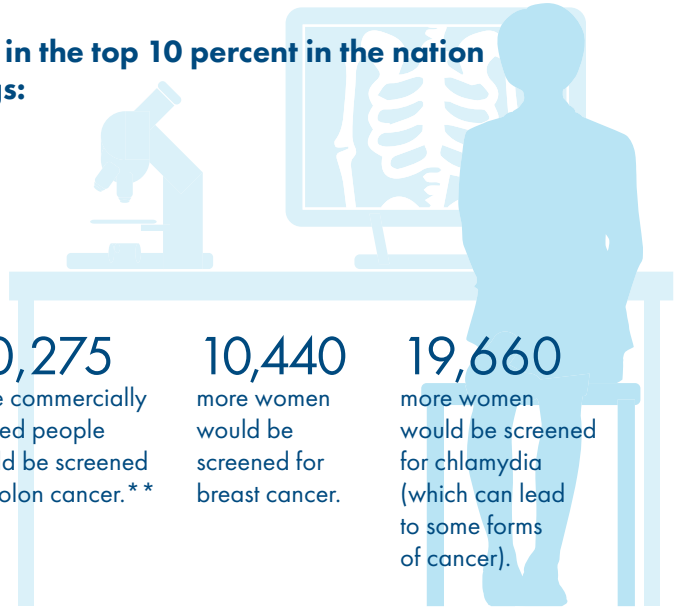
Regular screenings for cancers and infections are an important part of preventive care for adults. When diseases are detected early, you have a much better chance of treating or curing them.

For example, if you have stage 1 colorectal cancer, the five-year survival rate is about 90%. But only 39% of colorectal cancers are found at that early stage. That is why it is so important to increase screenings and detect diseases before they have progressed.

Colorectal cancer is the second-most common cancer in Washington state and the second-leading cause of cancer deaths. Yet, Washington state continues to struggle with screening. While the national 90th percentile for colorectal cancer screening among the commercially insured is 72%, the Washington state average is just 64%. And unfortunately, only 43% of Medicaid enrollees receive such screenings.

The Community Checkup shows that cancer screening rates vary widely across medical groups and geographically. However, as a state, medical groups in Washington do not meet the national 90th percentile among those with commercial insurance for breast cancer screening, cervical cancer screening, colon cancer screening, or chlamydia screening. The screening rates for chlamydia are especially poor, with only 43% of commercially insured women being appropriately screened. It is also one of the few measures where Medicaid performs somewhat better, with a 51% rate. As the following tables indicate, disease screenings should be a focus area for improvement.

If Washington were in the top 10 percent in the nation for cancer screenings:



47,700
more women would be screened for cervical cancer.

30,275
more commercially insured people would be screened for colon cancer.**

10,440
more women would be screened for breast cancer.

19,660
more women would be screened for chlamydia (which can lead to some forms of cancer).

*These are estimates based on the commercially and Medicaid insured lives in the Alliance's database for this measurement period. Actual statewide numbers will be higher.

**National 90th percentile benchmark not available for Medicaid.

TAKING ACTION

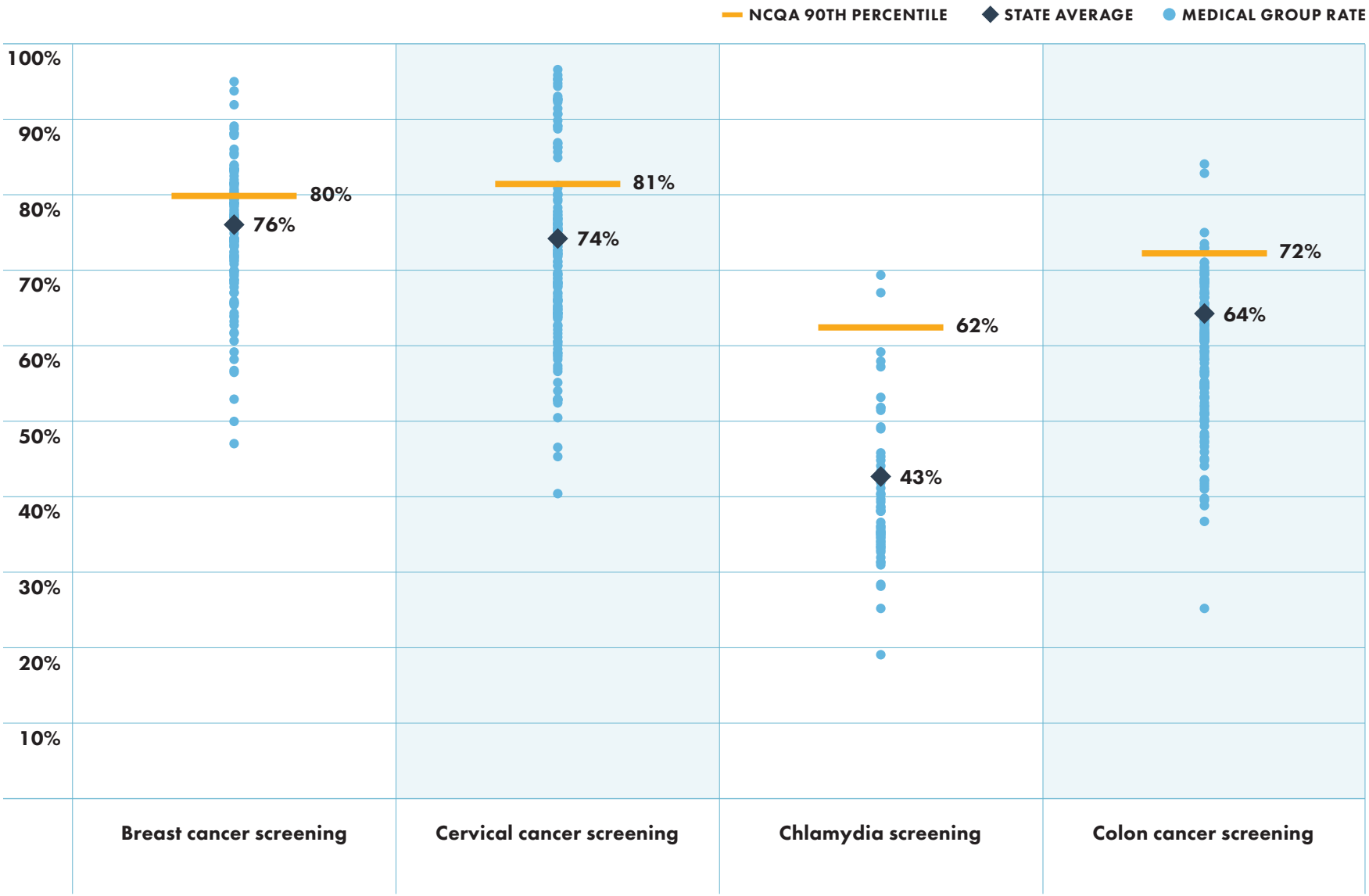
For purchasers: Consider reducing or eliminating co-pays for health screenings proven to help identify and treat conditions in early stages and actively promote these screenings to your employees.

For providers: Make a concerted effort to talk with your patients about the importance of getting screened and being on the lookout for symptoms. Additionally, have a system in place that tracks whether your patients are receiving recommended screening at the appropriate intervals and that enables you to reach out to patients within recommended age ranges who have not been screened.

For patients: Learn about the symptoms and warning signs associated with different diseases. Talk to your doctor if you have concerns or are in an age group recommended for screening. Follow through and take responsibility for getting all of your recommended screenings.

For plans: Fully cover the cost of preventive screenings and consider wellness rewards that offer an incentive for members to be screened.

Figure 8: Variation among **Medical Groups** for Cancer Screenings for **Commercially Insured**



Improving Outcomes for People with Chronic Disease by Managing Medications and Adherence

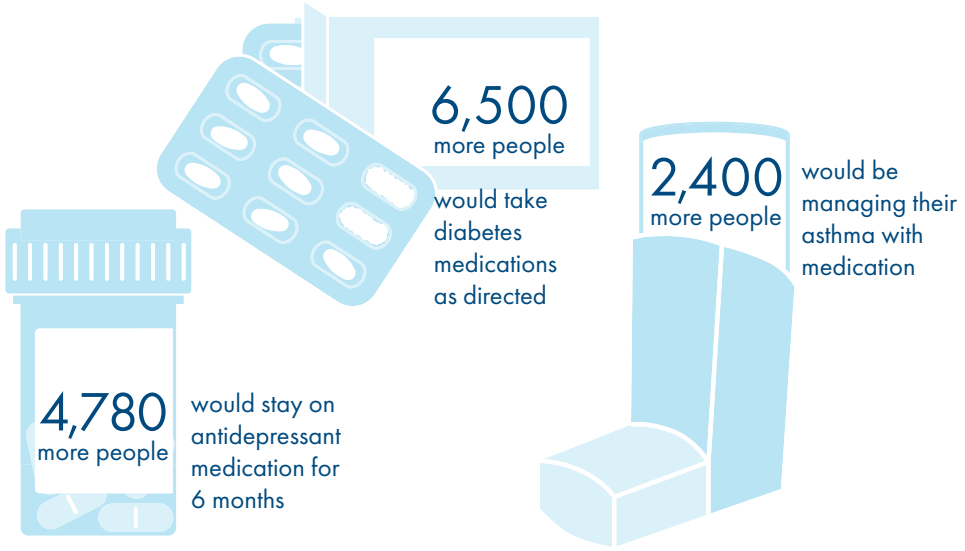
For people with chronic diseases like asthma, diabetes or hypertension, taking medication as prescribed is often an essential part of their treatment plan. Medication can reduce or control symptoms and help them live a healthier life.

Unfortunately, national studies show that as many as half of people with a chronic condition don't take their medication as prescribed. Washington state is no exception and has significant room to improve. Not taking medications as directed can cause them to be less effective than they could be, and in some cases even cause harm.

Improving medication management also reduces the burden on the rest of the health system. Medications help keep symptoms under control and may reduce the risk of future health problems. If a disease is not properly managed, its symptoms can get worse and cause additional issues, including costly hospitalization to manage complications of the disease.

There are some medical groups and regions in Washington that are doing well when it comes to managing medications. Yet, statewide, there are areas that are cause for concern. For example, among the commercially insured, only 57% of patients prescribed an antidepressant medication stay on it for 6 months, the period of time necessary to help eliminate all symptoms and prevent the depression from coming back. Only 55% of Medicaid enrollees take their diabetes medication as prescribed. And for Medicaid enrollees with asthma, only 38% are properly managing their medication. The tables below show where Washington state is doing well and where there are areas for improvement.

If we achieved a 10-percentage point improvement for three key measures, significantly more Washingtonians would have improved health.



*These are estimates based on the commercially and Medicaid insured lives in the Alliance's database for this measurement period. Actual statewide numbers will be higher.

TAKING ACTION

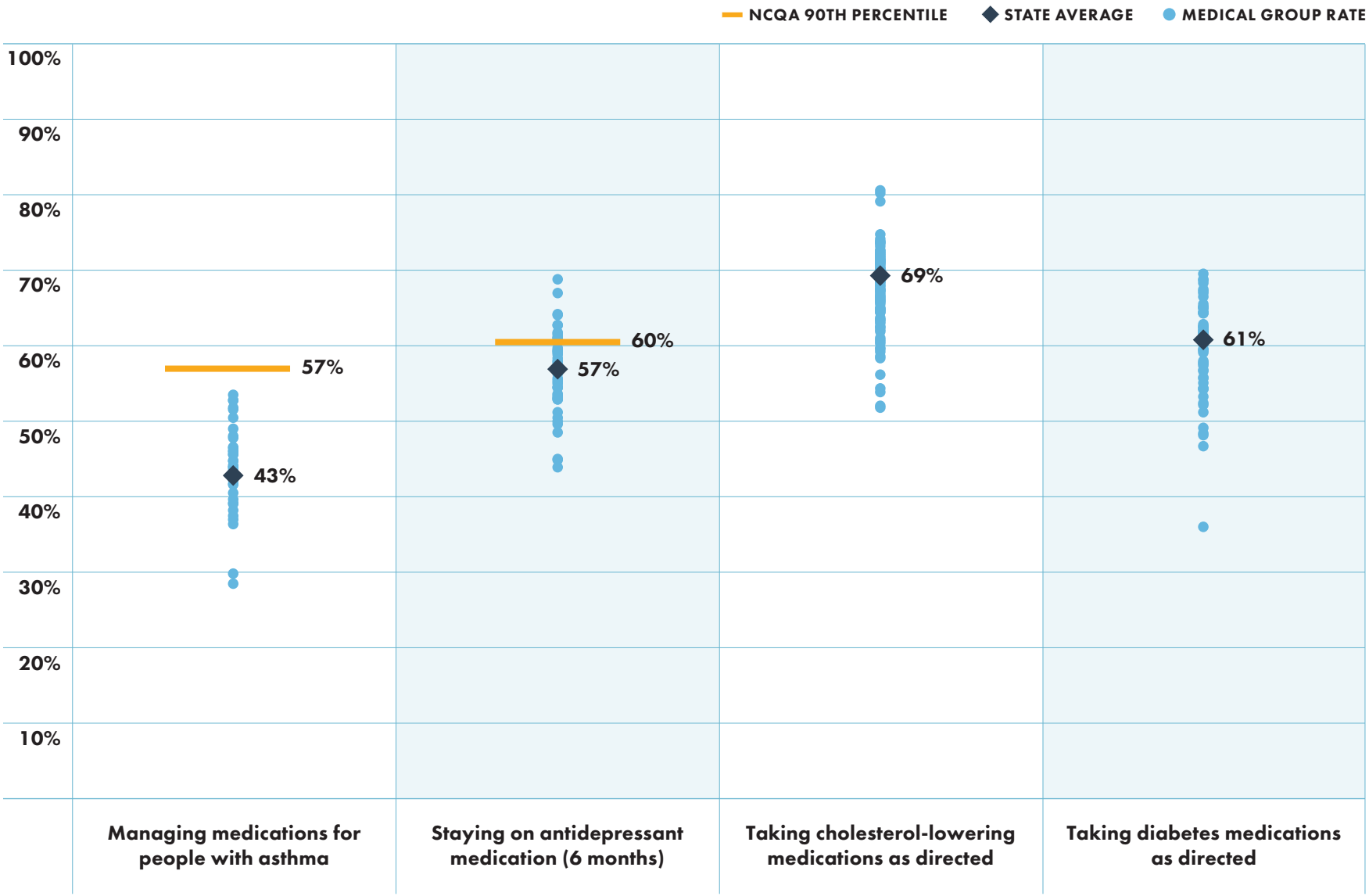
For purchasers: Make sure cost is not a barrier. Value-based insurance design may encourage adherence by reducing or eliminating copayments and deductibles for drugs with proven benefits.

For providers: Routinely review all medications your patients take and monitor how well medications are working for your patients to ensure they get the maximum benefit. Emphasize the importance of adhering to their prescribed medications, and encourage them to talk to you if they have any questions or concerns.

For patients: Get all the information about your medication from your doctor or pharmacist. Continue your treatment plan for as long as it is prescribed, even if you are feeling better. Don't stop taking your medication or change how often or how much you take without first talking with your doctor.

For plans: Make sure the cost of medications is not a barrier. Align payment incentives to reward good outcomes by way of improved adherence.

Figure 9: Variation among **Medical Groups** for Medication Management for **Commercially Insured**



Reducing Waste: Potentially Avoidable ER Visits

If you are experiencing a sudden and serious medical problem, the emergency room can be a lifesaver—sometimes literally. With its dedicated staff, crucial technology and array of services, the emergency room (ER) can be the place where patients are stabilized and treated so that they can begin to heal.

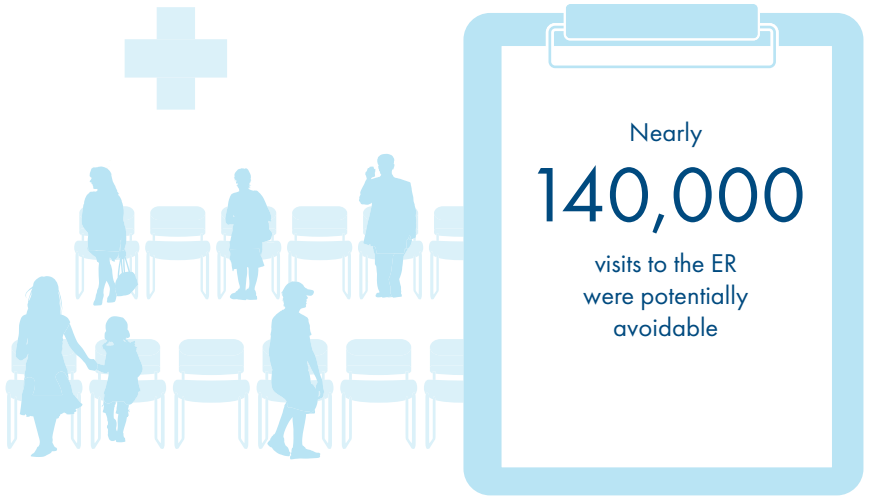
But too often ERs are where patients go with problems that are not emergencies, such as respiratory infections, earaches or low back pain. When simple medical concerns that can be treated easily and more cost effectively in a primary care setting or an urgent care clinic end up being treated in the ER, they contribute to waste in the health care system.

To measure potentially avoidable ER use, the Alliance uses a measure that includes over 330 ICD-10 codes for diagnoses associated with minor conditions that can be safely and appropriately treated in a primary care setting. This is a conservative measure and likely underestimates the degree to which the ER is inappropriately accessed for care that can and should be treated in a less intensive environment.

Based on this measure, in Washington state, 12% of ER visits for commercially insured people are potentially avoidable. For Medicaid enrollees, 18% of ER visits are potentially avoidable. These visits add tremendous, unnecessary strain to the health care system and cost significantly more than visits to primary or urgent care.

According to Healthcare Bluebook, an ER visit for a minor problem in Seattle can cost anywhere from $489 to more than $2,300. For a moderate problem, the cost can range from $982 to more than $4,750. By reducing overuse of the ER and seeking care in the appropriate setting, Washingtonians can save money, receive better care and make the health system more efficient.

Overuse of the ER in Washington



*These are estimates based on the commercially and Medicaid insured lives in the Alliance's database for this measurement period. Actual statewide numbers will be higher.

TAKING ACTION

For purchasers: Provide your employees with objective information about the appropriate place for care and about the increased costs and risks of an ER visit. Align benefit designs to encourage employees to seek care outside of the ER for non-emergency problems.

For providers: Educate patients about when it's appropriate for them to visit the ER—and when it's not. Offer timely appointments that reduce the need for patients to turn to the ER when they have an urgent health issue. Triage patients when they arrive at the ER and redirect them to urgent care or primary care if the ER setting is not necessary to treat their problem.

For patients: Establish a relationship with a primary care provider who knows your medical history and who you are comfortable turning to for help. In addition, understand the costs and risks that come with being treated in the ER.

For plans: Use financial incentives to promote visits to primary care or urgent care rather than the ER.

Figure 10: Variation among **Counties** for Potentially Avoidable ER Visits for **Medicaid Insured**

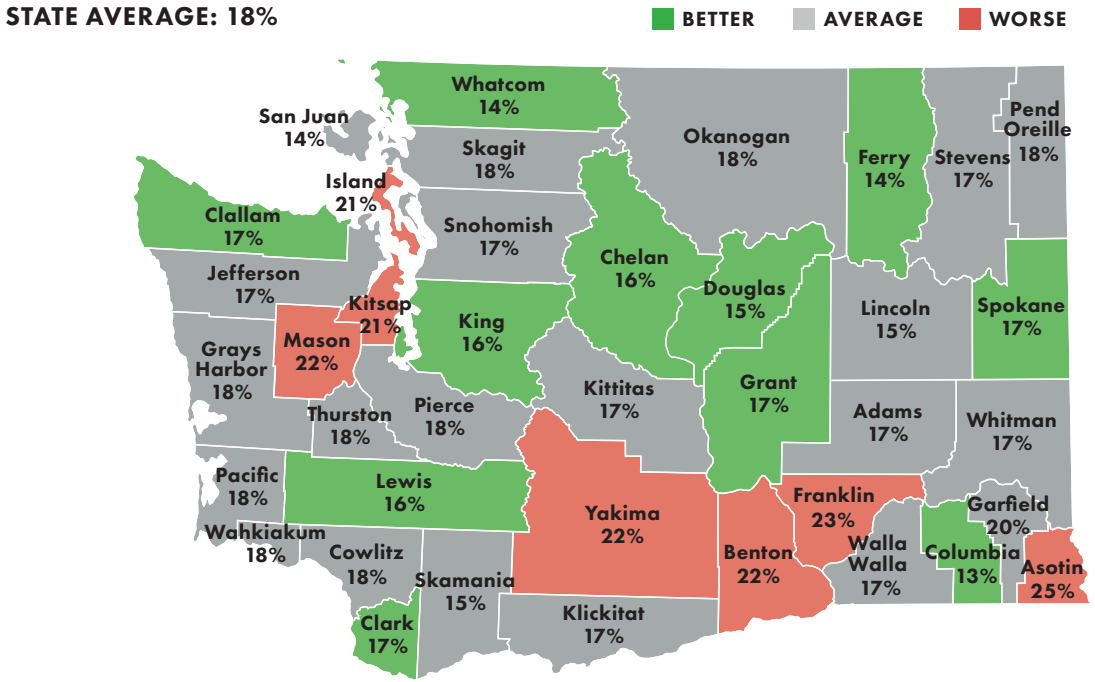
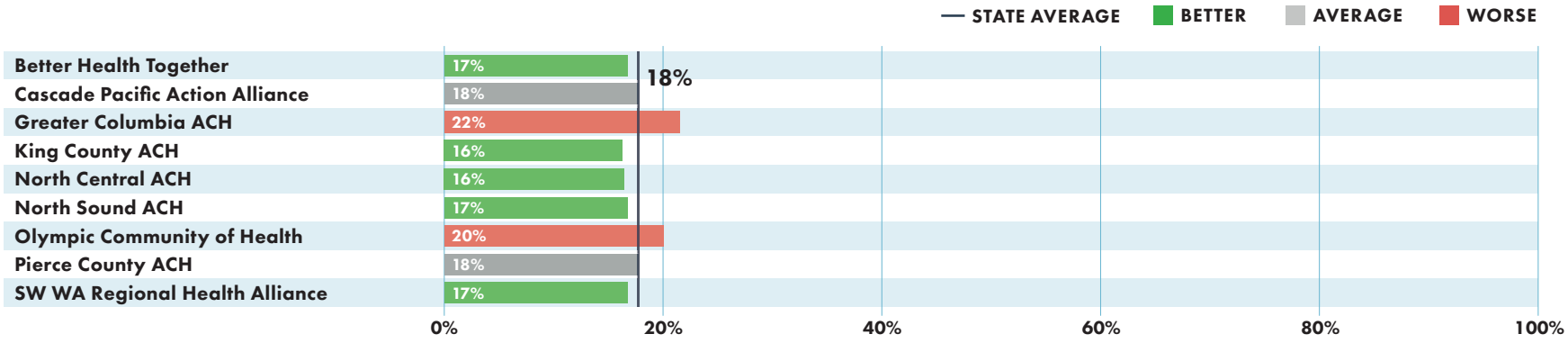


Figure 11: Variation among **Accountable Communities of Health** for Potentially Avoidable ER Visits for **Medicaid Insured**



Why Is It Important to Measure Health Care Spending?

The cost of a good or service is one of the primary pieces of information consumers use to assess value and inform their purchasing decisions. However, when it comes to the cost of health care, accurate information about the cost of a treatment or procedure is often not available in advance. Not only do consumers often have difficulty gathering accurate price information, but costs can vary significantly between facilities. This lack of price transparency makes it impossible for consumers to make informed decisions about how to spend their health care dollars in order to get the best value.

In the state of Washington, as in much of the rest of the nation, we are only at the dawn of price transparency. Over time, with more collaborations among stakeholders, we expect to see greater transparency of health care costs in our state. In the meantime, the Health Care Authority, as the largest purchaser of health care, is doing its part to encourage transparency by reporting what it is spending to purchase health care and by continuing to look for opportunities to slow the rate of spending growth.

ANNUAL PER-CAPITA STATE-PURCHASED HEALTH CARE SPENDING GROWTH RELATIVE TO STATE GDP

The table below (Figure 12) presents information on the Washington State-purchased health care annual spending (Medicaid and Public Employees Benefits Board (PEBB) Program) as a percentage of Washington State gross domestic product (GDP) for a six-year period (2011–2016).[1] For each year, the denominator is that year's GDP and the numerator is the amount spent by the State on health care that year (*i.e.* 2013 Washington state-purchased health care annual spending as a percentage of 2013 state GDP).[2] Percentages reflect year over year changes.

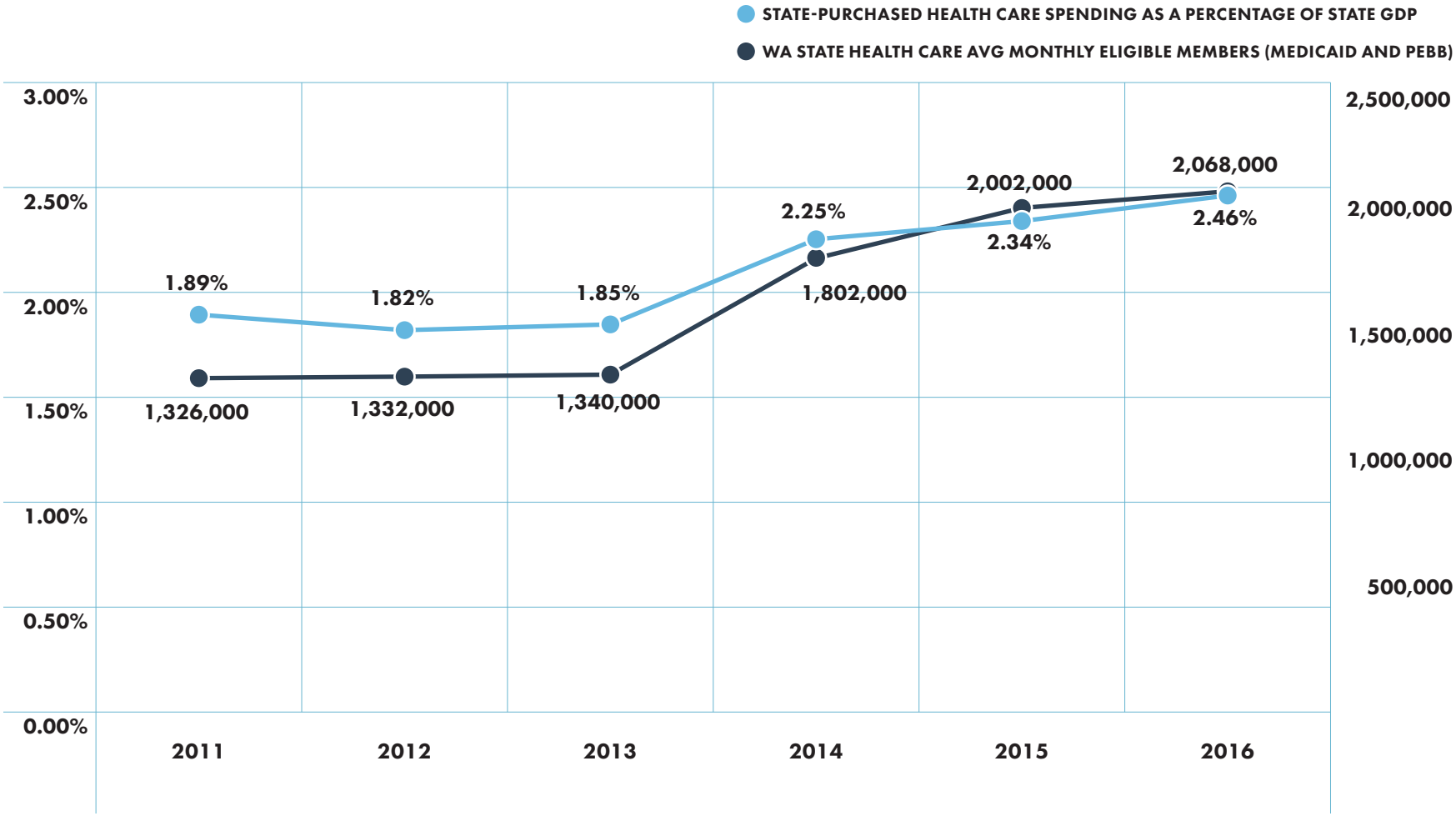
The chart on the following page (Figure 13) shows the close relationship between spending as a percentage of state GDP and the average monthly members for state purchased health care. The increase in eligible members between 2013 and 2014 is a reflection of Medicaid expansion under the federal Affordable Care Act.

Figure 12: Health Care Spending Relative to the Washington State Gross Domestic Product, 2011–2016 (Current Dollars)

	WA State-Purchased Health Care Annual Spending (includes Medicaid and PEBB)		WA State Health Care Avg Monthly Eligible Members (Medicaid and PEBB)		WA State GDP		State-Purchased Health Care Spending as a Percentage of State GDP	
2011	$7,009,852,000		1,326,000		$370,149,000,000		1.89%	
2012	$7,078,265,000	1% change	1,332,000	0% change	$388,922,000,000	5% change	1.82%	-4% change
2013	$7,492,119,000	6% change	1,340,000	1% change	$405,561,000,000	4% change	1.85%	2% change
2014	$9,578,331,000	28% change	1,802,000	34% change	$425,105,000,000	5% change	2.25%	22% change
2015	$10,445,095,000	7% change	2,002,000	11% change	$446,417,000,000	5% change	2.34%	4% change
2016	$11,562,732,000	11% change	2,068,000	3% change	$469,739,000,000	5% change	2.46%	5% change

1. Sources: WA State GDP from the U.S. Bureau of Economic Analysis—GDP by State in current dollars; Medicaid Expenditures—February 2017 Forecast; Medicaid Administrative Expenditures—CMS 64; LTSS, SUD, and MH Expenditures based on Agency Financial Reporting System (AFRS) data; Medicaid Expenditures include medical, dental, vision, pharmacy, long-term support services, mental health, and substance use disorder expenditures; and excludes Part D Clawback and pass-through payments.
2. Changes in 2016 reporting include the use of AFRS data instead of the DSHS medical forecasts and budgets to calculate LTSS, SUD, and MH Expenditures.

Figure 13: Washington State-Purchased Health Care Spending as a Percentage of State GDP and Total Average Monthly Eligible Members for State-Purchased Health Care



MEDICAID PER ENROLLEE SPENDING

The table below (Figure 14) presents information on annual Medicaid spending per enrollee and includes both state and federal Medicaid payments.[3] These figures represent the average level of payments across all Medicaid enrollees during a calendar year.[4]

The chart on the following page (Figure 15) displays how annual Medicaid spending per enrollee has changed over time. While Medicaid enrollment increased by more than 720,000 between 2013 and 2016, per enrollee spending dropped by approximately $135 per enrollee.

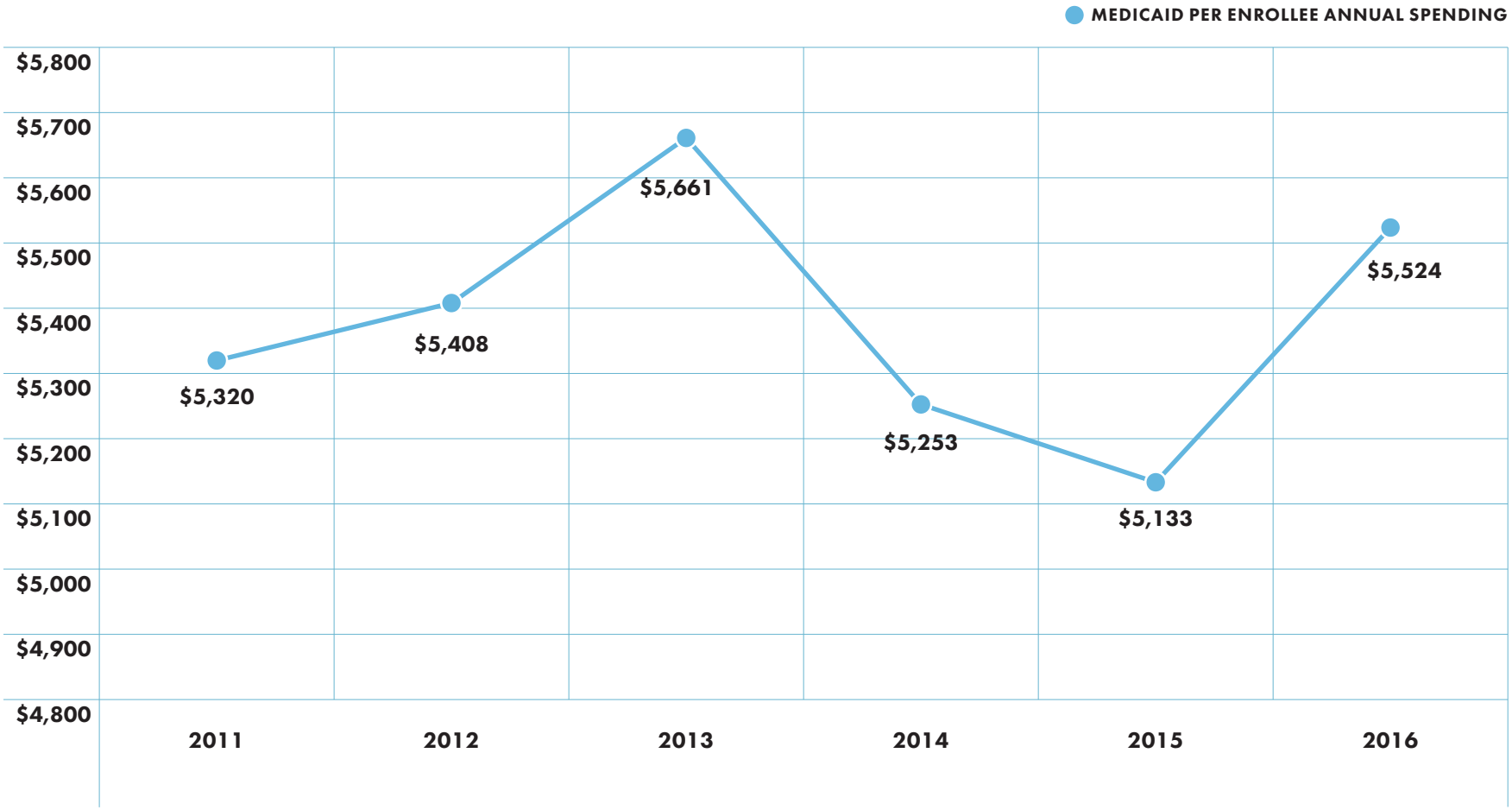
Figure 14: Medicaid Per Enrollee Spending in Washington State, 2011–2016

	Medicaid Expenditures		Medicaid Average Member Enrollment		Medicaid per Enrollee Annual Spending	
2011	$5,600,272,000		1,053,000		$5,320	
2012	$5,752,042,000	3% change	1,064,000	1% change	$5,408	2% change
2013	$6,059,680,000	5% change	1,070,000	1% change	$5,661	5% change
2014	$8,033,814,000	33% change	1,530,000	43% change	$5,253	-7% change
2015	$8,876,758,000	10% change	1,729,000	13% change	$5,133	-2% change
2016	$9,900,068,000	12% change	1,792,000	4% change	$5,524	8% change

3. Source: Medicaid Expenditures—October 2016 Forecast; Medicaid Administrative Expenditures—CMS 64; LTSS, SUD, and MH Expenditures based on AFRS data; Medicaid expenditures include medical, dental, vision, pharmacy, long-term support services, mental health, and substance use disorder expenditures; and excludes Part D Clawback and pass-through payments.

4. Changes in 2016 reporting include the use of AFRS data instead of the DSHS medical forecasts and budgets to calculate LTSS, SUD, and MH Expenditures.

Figure 15: Medicaid per Enrollee Annual Spending, 2011–2016



PUBLIC EMPLOYEE PER ENROLLEE SPENDING

The table below (Figure 16) presents information on annual Public Employees Benefits Board (PEBB) Program spending per enrollee. Calculations represent the average (mean) level of payment across all PEBB enrollees, during a calendar year, based on date of payment.[5,6]

The chart on the following page (Figure 17) displays PEBB per enrollee annual spending from 2011 to 2016.

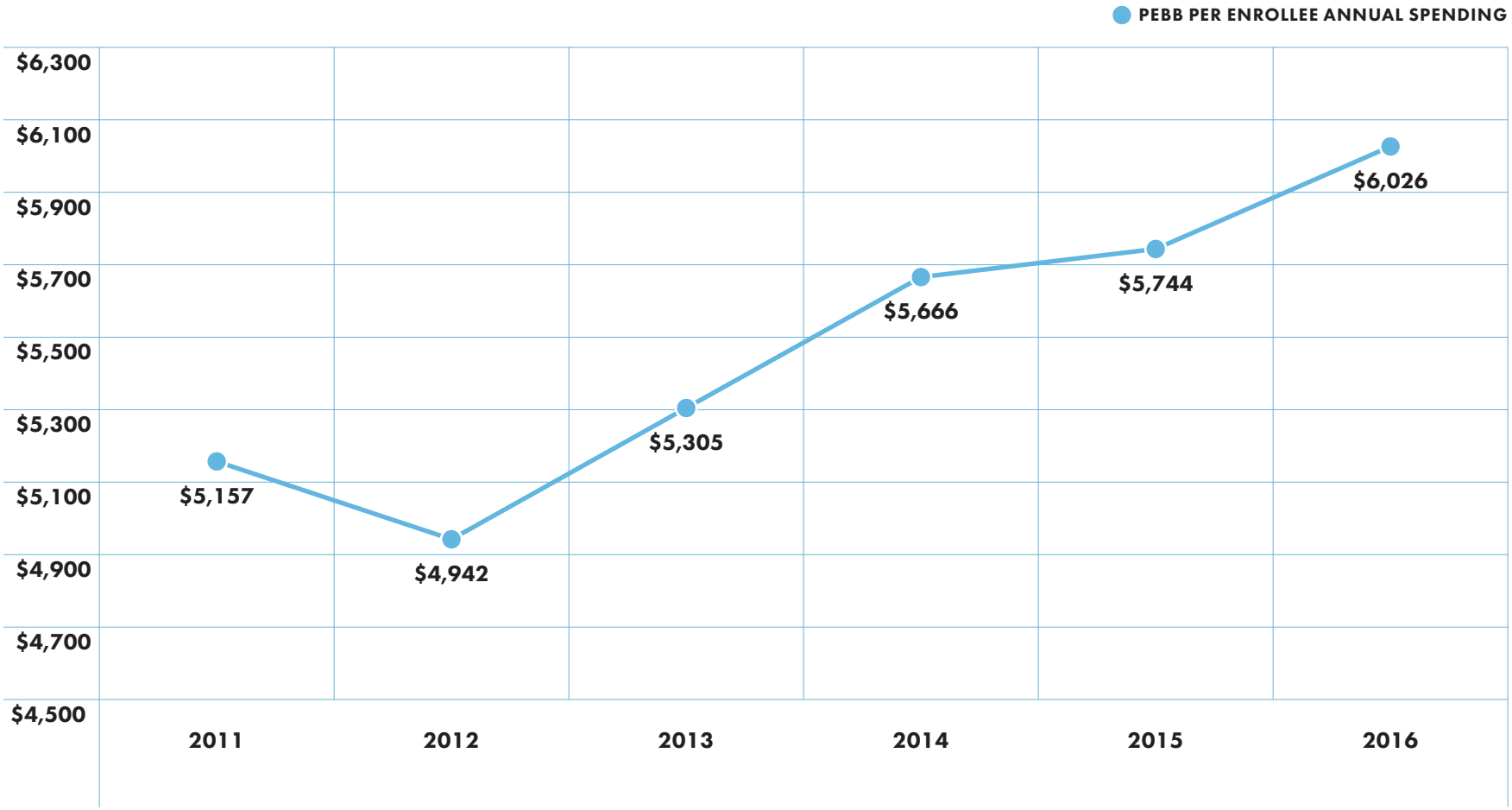
Figure 16: PEBB Per Enrollee Spending in Washington State, 2011–2016

	PEBB Expenditures		PEBB Average Member Enrollment		PEBB per Enrollee Annual Spending	
2011	$ 1,409,579,000		273,000		$5,157	
2012	$ 1,326,224,000	-6% change	268,000	-2% change	$4,942	-4% change
2013	$ 1,432,440,000	8% change	270,000	1% change	$5,305	7% change
2014	$ 1,544,517,000	8% change	273,000	1% change	$5,666	7% change
2015	$ 1,568,336,000	2% change	273,000	0% change	$5,744	1% change
2016	$ 1,662,665,000	6% change	276,000	1% change	$6,026	5% change

5. Source: Calendar years 2011–2013, Milliman PFPM 8.0 (10/15/2015); Calendar years 2014–2015, Milliman PFPM 3.0 (5/11/2016); Calendar year 2016, Milliman PFPM 6.0, 20170214, Exhibit 4a.

6. Non-Medicare expenditures includes medical, dental and vision. Excludes life insurance and long-term disability.

Figure 17: PEBB per Enrollee Annual Spending, 2011–2016



Compare Medical Group Overall Performance

The following charts rank medical groups in the Community Checkup based on their results. Only medical groups with five or more publicly reportable measures are included. 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.

Medical group charts are divided into two groups. The first set is for medical groups with 15 or more reportable measures. The second set of charts is for medical groups with between 5 and 14 reportable measures.

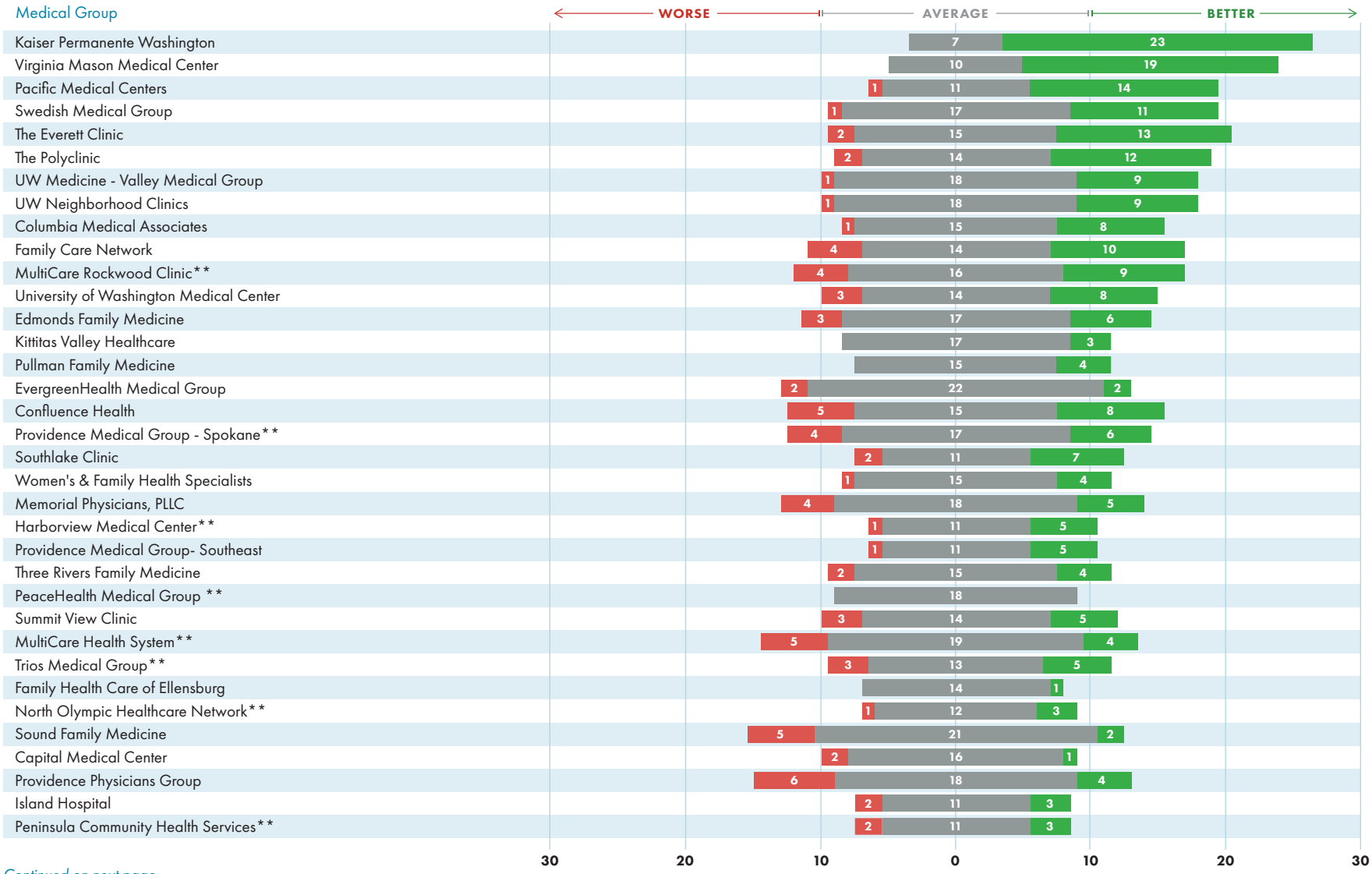
"The UW Neighborhood Clinics have used the Community Checkup both as a call to action in improving our clinical quality efforts and as a valuable benchmark to follow our progress relative to our peers."

– **Peter McGough, MD**,
Chief Medical Officer, UW Medicine Neighborhood Clinics

"When it comes to diabetes and kidney disease care, our interests and those of the Alliance are closely aligned. That's why the Community Checkup report is so valuable to us, because we can see where primary care providers are performing well when it comes to screening for kidney disease among diabetics and where there are gaps."

– **Joyce F. Jackson**,
President and Chief Executive Officer, Northwest Kidney Centers

Figure 18: Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have Results for **15 or More** Measures



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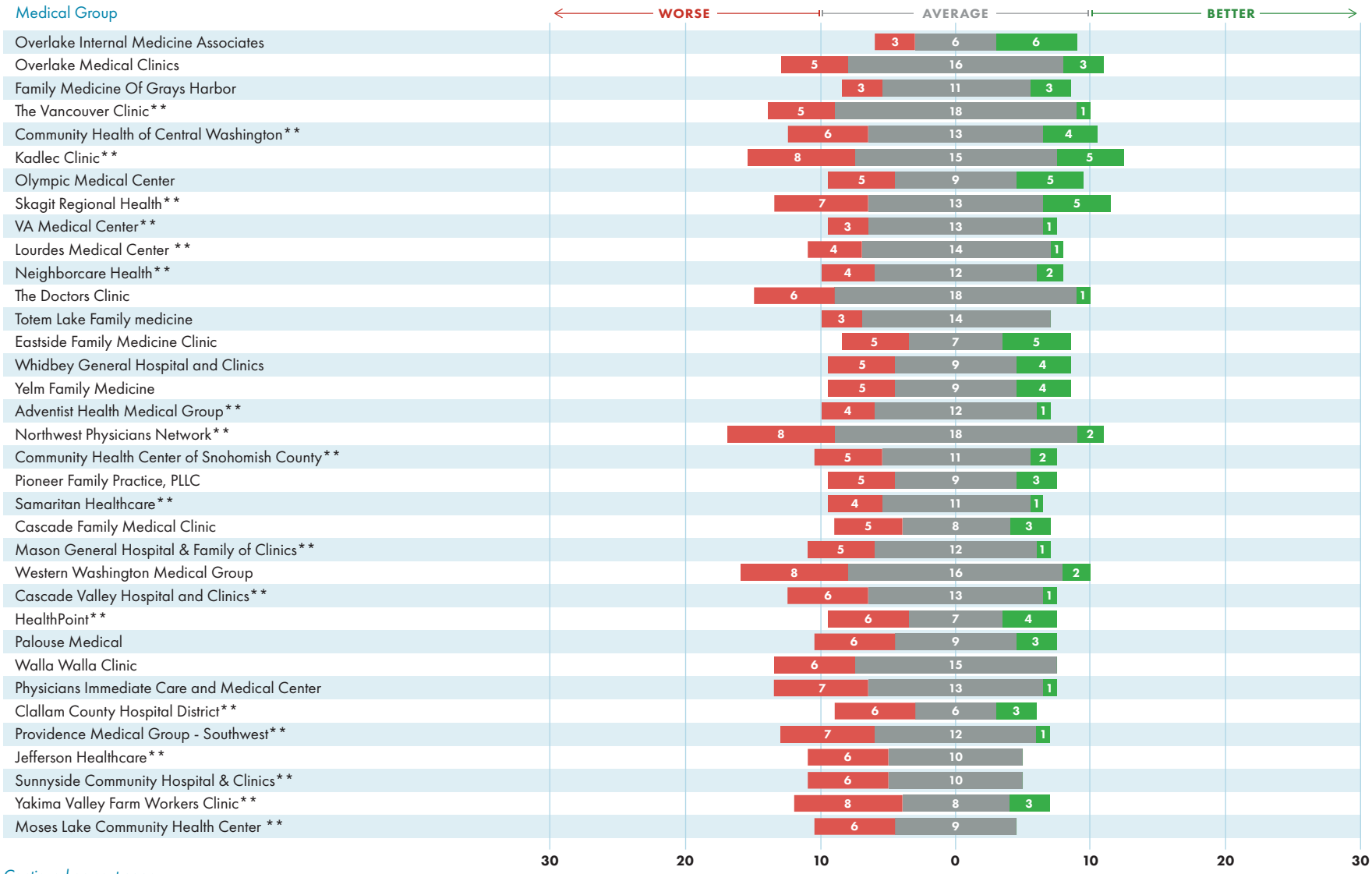
** At least 50% of patients attributed to this medical group have Medicaid coverage.

Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

Figure 18: Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have Results for **15 or More** Measures *(continued)*



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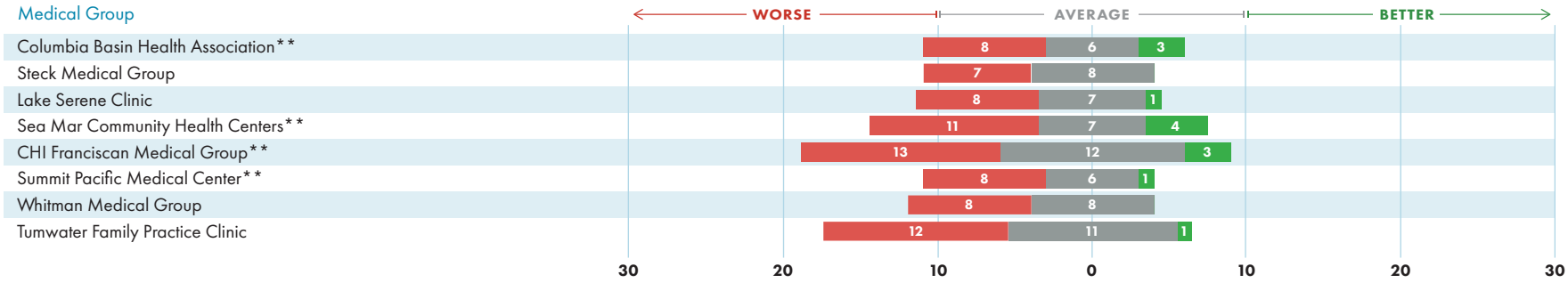
** At least 50% of patients attributed to this medical group have Medicaid coverage.

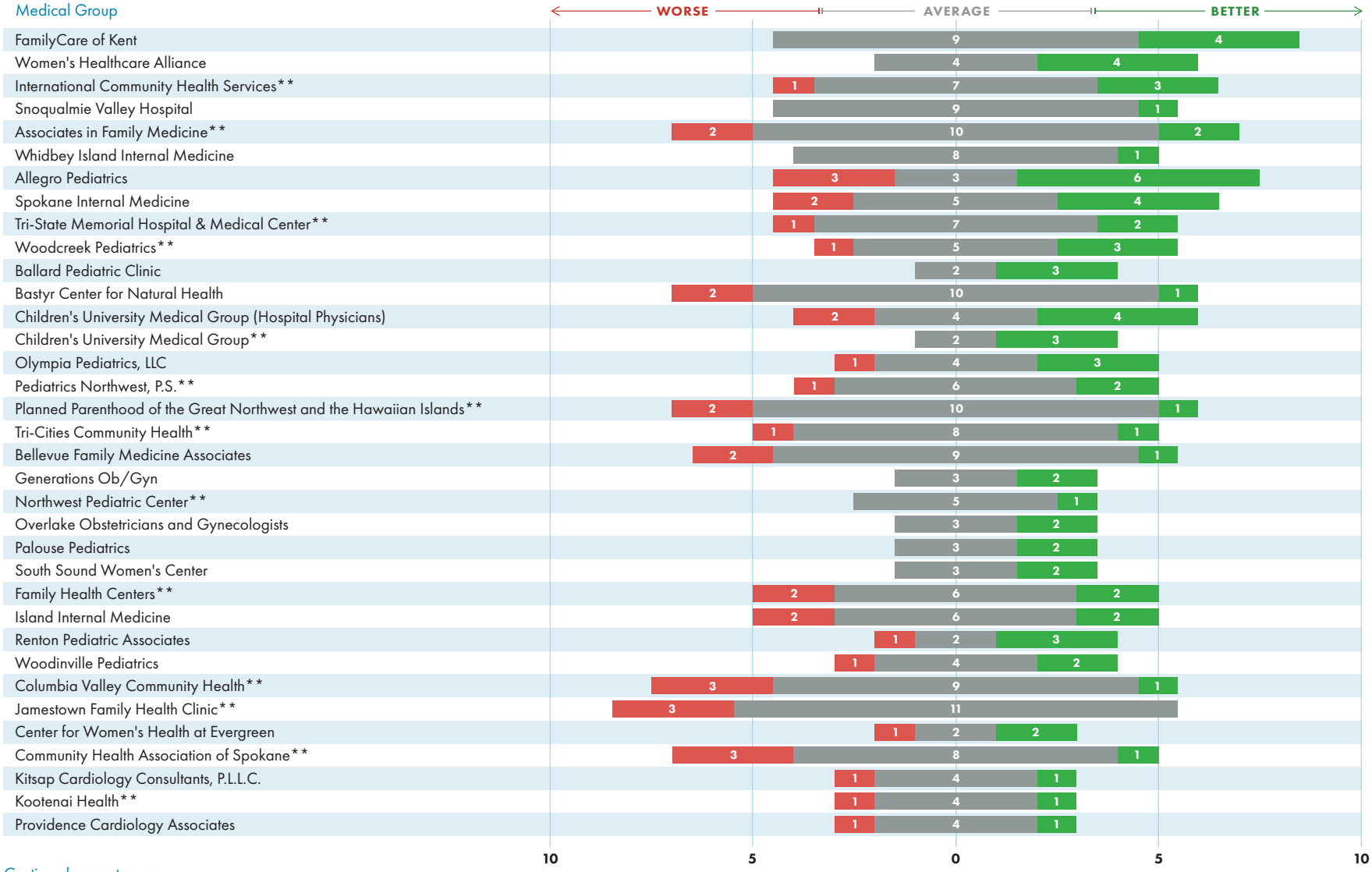
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

Figure 18: Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have Results for **15 or More** 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 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

Figure 19: Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have Results of **Between 5 and 14** Measures



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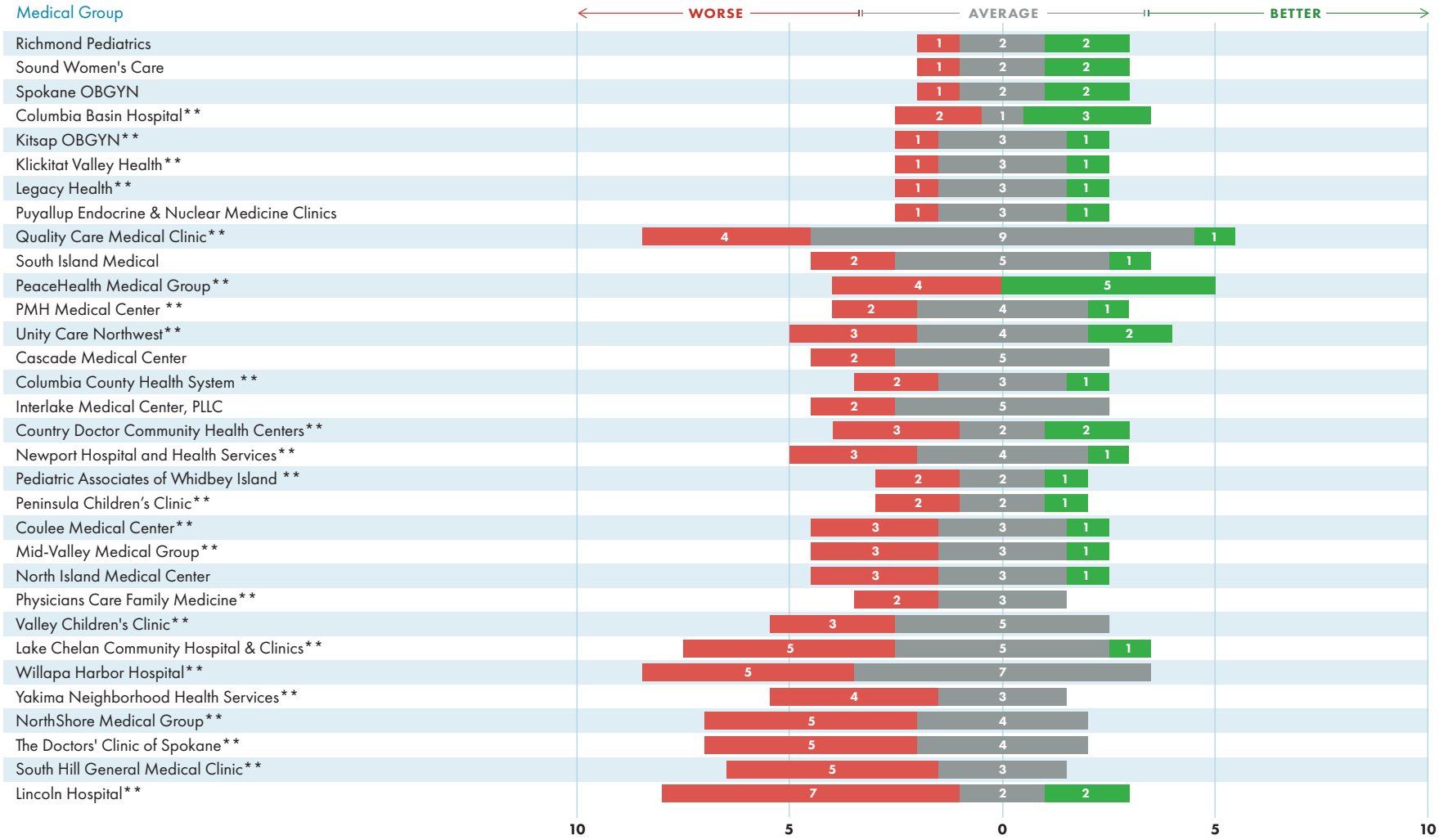
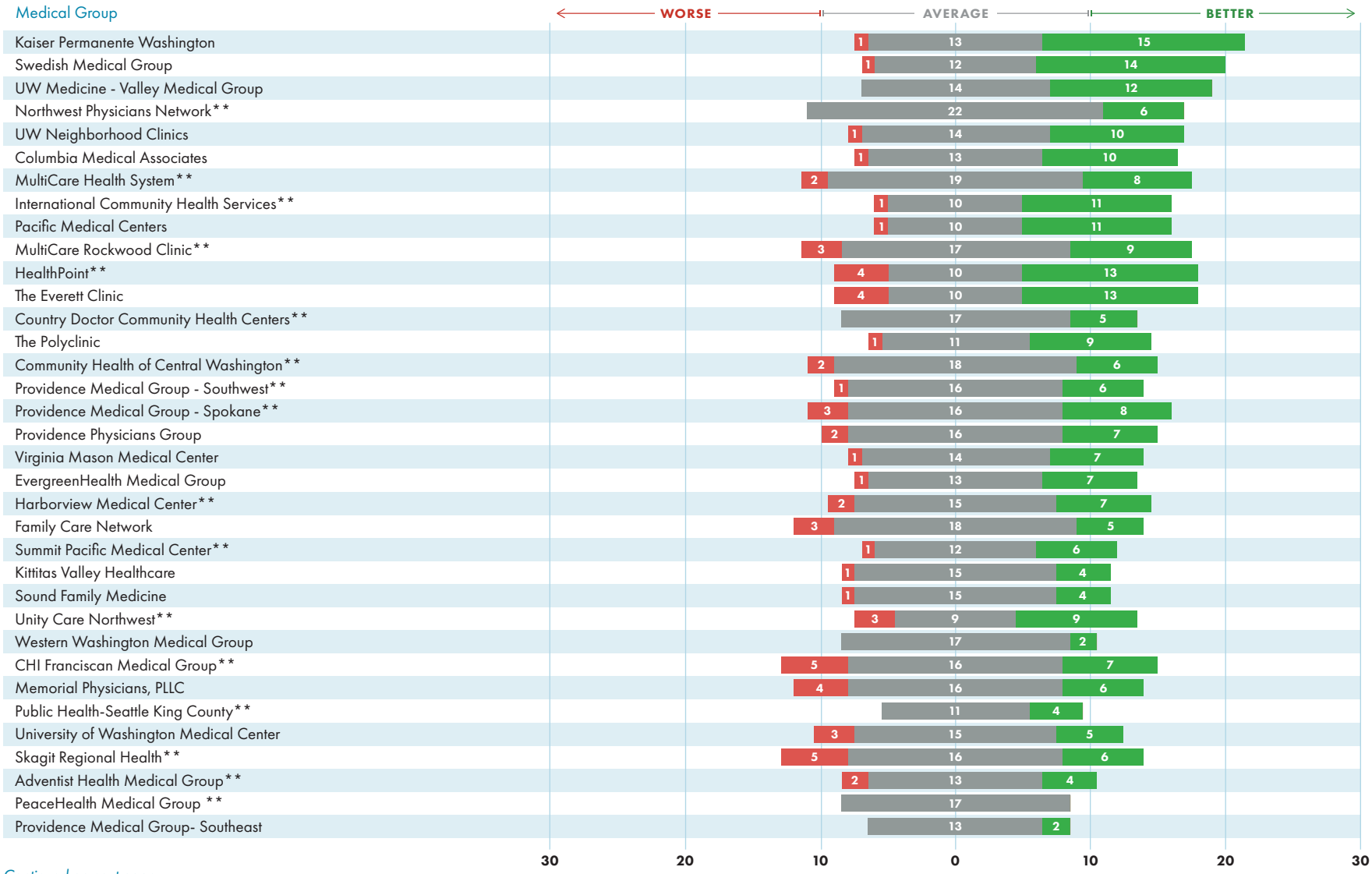
** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

Figure 19: Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have Results of **Between 5 and 14** 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 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

Figure 20: Ranking Medical Group Performance for **Medicaid Insured**: Medical Groups That Have Results for **15 or More** Measures



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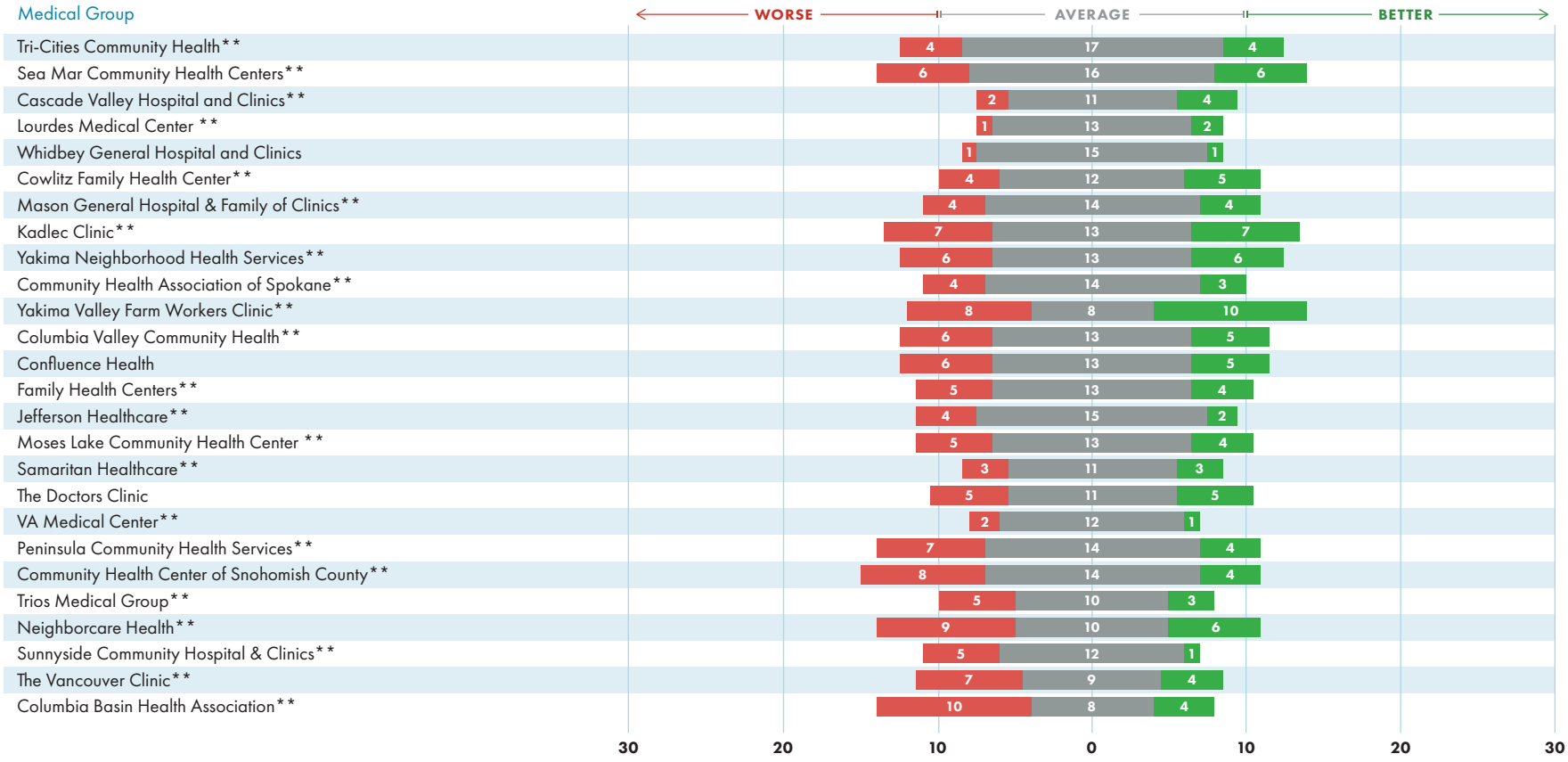
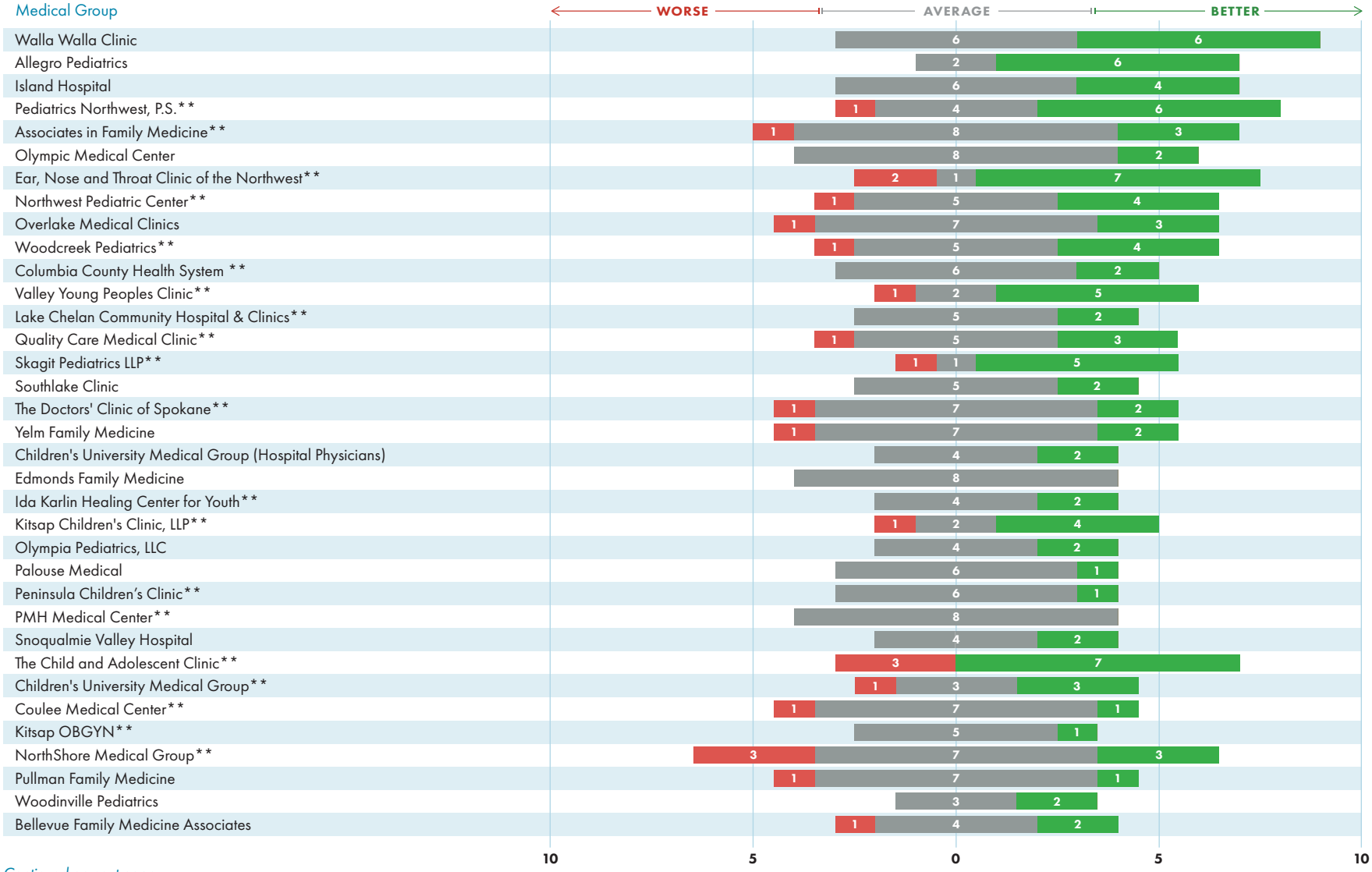
** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

Figure 20: Ranking Medical Group Performance for **Medicaid Insured**: Medical Groups That Have Results for **15 or More** 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 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

Figure 21: Ranking Medical Group Performance for **Medicaid Insured**: Medical Groups That Have Results of **Between 5 and 14** Measures



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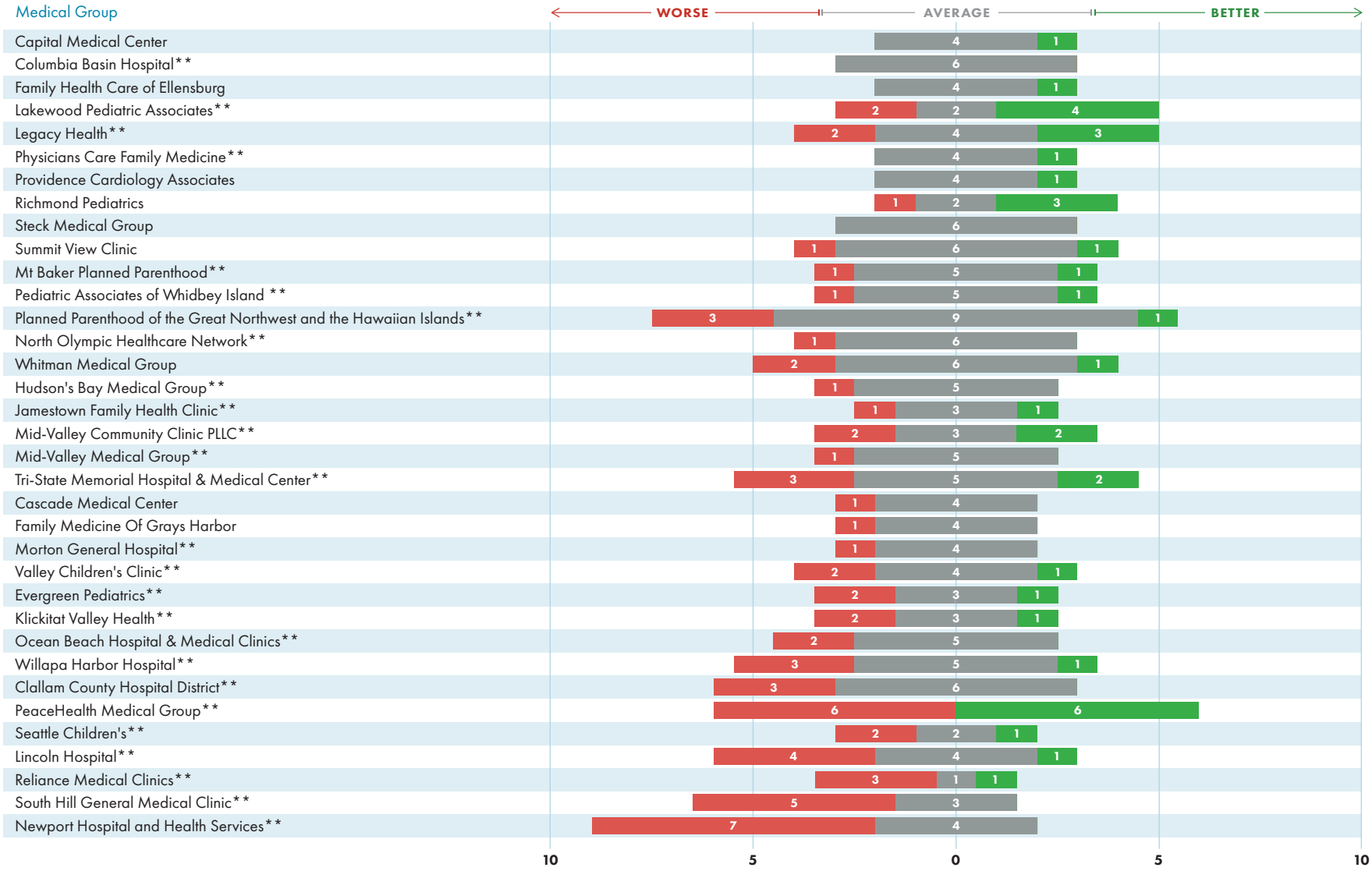
** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

Figure 21: Ranking Medical Group Performance for **Medicaid Insured**: Medical Groups That Have Results of **Between 5 and 14** 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 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

About the Community Checkup

HOW IS THE COMMUNITY CHECKUP CREATED?

TECHNICAL SPECIFICATIONS

Every measure has detailed specifications about what will be measured and how. These specifications are used by health plans and health care providers to guide their own measurement activities. The Community Checkup primarily uses technical specifications from government agencies such as the Centers for Medicare & Medicaid Services and the Agency for Health Care Research and Quality as well as nationally-recognized private nonprofits such as the National Committee for Quality Assurance and the Pharmacy Quality Alliance. The Alliance also uses measure specifications that have been developed right here in Washington state, but only on a very limited basis. These "homegrown" measures have been reviewed and approved by the Washington State Performance Measures Coordinating Committee.

PROVIDER ATTRIBUTION METHODOLOGY

To report performance results at the clinic level, the Alliance's data vendor, Milliman, assigns patient-level measure results to those providers deemed most appropriate for each type of measure. This varies based upon the type of care each measure reflects.

The Alliance worked with expert committees and medical groups within the region to develop and test several different attribution methods. Primary care provider (PCP) attribution is applied to prevention-related measures based on the concept that the PCP is the clinician who is primarily responsible for a patient's preventive care management. The Team method is applied to measures related to specific health conditions, like diabetes or asthma, based on the belief that patients benefit most when their entire medical team works together to ensure that they receive appropriate care.

After results have been attributed to providers, the Alliance leverages its clinic roster (that is regularly reviewed and updated by medical groups) to assign and summarize these results at clinic and medical group levels.

HOW WE CALCULATE OUR SCORES

Summary rates are calculated and scores are then assigned to the results based upon how each rate compares to the state rate. If a clinic's rate is significantly lower than the state rate—if the computed confidence interval around that clinic's rate is entirely below the state rate—the score is worse. If a clinic's rate is significantly higher than the state rate—if the computed confidence interval around that clinic's rate is entirely above the state rate—then the score is better. If the confidence interval of the clinic's rate overlaps the state's confidence interval, then the score is average.

WORKING WITH STAKEHOLDERS

The Alliance works closely with the Washington State Health Care Authority (HCA) and the governor-appointed Performance Measures Coordinating Committee (PMCC) to publish results for the Washington State Common Measure Set for Health Care Quality and Cost.

USE CAUTION WHEN COMPARING DATA OVER TIME

Each Community Checkup report provides a snapshot of performance during a particular time period. However, comparing results between years may carry the risk of inaccurate conclusions. Keep in mind the following caveats when comparing results between years or over time. Any of these factors, or any combination of them, can influence how results may change from report to report.

- **The database changes over time.** The addition of new data suppliers or new enrollees means that the population being measured may change from one report to another.
- **Measure specifications change.** Many of the results in the Common Measure Set (or in the Community Checkup) are based on nationally vetted measures, such as measures from the National Committee for Quality Assurance (NCQA). Over time, national measure stewards such as NCQA modify measure specifications to reflect updated knowledge, modified coding and stakeholder input. While these changes result in improved measurement, they do make trending results more challenging.
- **Statewide results can change overall results.** With statewide reporting, the number of medical groups and clinics has dramatically expanded. The addition of provider organizations for the entire state is an important improvement for the Community Checkup, but it may have an impact on results.
- **Attribution methods change.** The Alliance is continuously improving how it attributes patients in the Community Checkup. This results in improved accuracy of the overall results.

COMMUNITY CHECKUP DATA SUPPLIERS

The Alliance is grateful to the following data suppliers, who voluntarily shared their data to be used in this report.

HEALTH INSURERS AND NETWORK ADMINISTRATORS

Aetna Health and Life Insurance Company

Asuris Northwest Health

Cigna Health and Life Insurance Company

Kaiser Foundation Health Plan of Washington

Kaiser Foundation Health Plan of Washington Options, Inc.

LifeWise Health Plan of Washington

Premera Blue Cross

Regence BlueShield

UnitedHealthcare Insurance Company

Washington State Health Insurance Pool

MANAGED MEDICAID PLANS

Amerigroup

Community Health Plan of Washington

Coordinated Care

Molina Healthcare of Washington

UnitedHealthcare Community Plan

MEDICAID

Washington State Health Care Authority

PURCHASERS AND LABOR UNION TRUSTS

Association of Washington Cities

The Boeing Company

Carpenters' Trust of Western Washington

City of Seattle

King County

Recreational Equipment Inc. (REI)

Sound Health and Wellness Trust

Washington State Health Care Authority Uniform Medical Plan

Washington Teamsters Welfare Trust

INDEPENDENT PRACTICE ASSOCIATION—PROVIDER NETWORK

First Choice Health

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Amy Blondin
Chief Communications Officer
Washington State Health Care Authority
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Email: amy.blondin@hca.wa.gov

ABOUT HEALTHIER WASHINGTON

Healthier Washington is the state's vision for transforming the health care system to achieve better health, better care and lower costs for the people of Washington State.

We are using the state's health care dollars more wisely to drive change that improves the quality of care people receive.

Healthier Washington brings a diverse set of stakeholders together with a focus on achieving this vision. While the state plays a leading role, everyone has a stake in the health of our state and we can have a greater impact by working on projects together and focusing on common goals.

Healthier Washington is a project that uses federal funds and state resources to improve health for people and communities in a sustainable way. Through Healthier Washington, multiple state agencies are coordinating their efforts and working with diverse stakeholders across the state to drive and reward positive change at all levels of the health care system.

The goals of Healthier Washington are simple. A Healthier Washington is one where:

- People and communities are healthier (better health)
- Washington's health care system delivers whole-person care; addressing the needs of the head and the body in a coordinated way (better care)
- Care is affordable (lower costs)

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).

For more information on how the Alliance produces the Community Checkup, please visit www.wacommunitycheckup.org/about/.

Healthier WASHINGTON

Powered by: COMMUNITY CHECKUP

The Community Checkup is produced by the Washington Health Alliance.

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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/