



2019 COMMUNITY CHECKUP REPORT

Improving Health Care in Washington State

www.WACommunityCheckup.org



**COMMUNITY
CHECKUP**

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A Letter to the Community from the Washington Health Alliance

April 2020

Dear Community Member:

As we prepare to update this year's Community Checkup, we are faced with an unprecedented health crisis caused by the COVID-19 pandemic. Much of what will be reported here is eclipsed by urgent needs of the moment, yet as we emerge from this crisis, it will be more important than ever that we have access to unbiased information to help us improve our health care system in Washington state. Even now, the Alliance continues its efforts towards gathering and reporting information for this purpose.

It is evident that Washington state is at the forefront of making tremendous change happen—recent examples include the surprise medical billing law that took effect on January 1, 2020; the public health insurance option that will help more people obtain health care starting with open enrollment in the fall for January 2021 coverage; and, the formation of a health care cost transparency board to substantially reduce health care cost growth in our state. These are not magic bullets that will solve our nation's broken health care system; however, what they do reflect is that important changes are occurring and that the leaders in our state are out in front.

Another area where we are ahead in Washington is in promoting transparency. I am proud that the Washington Health Alliance has been working on creating health care transparency in our state since our creation 15 years ago. Our early start has given us a leg-up, compared to many other areas around the country. Today, the Alliance's Community Checkup, a collection of reporting on variation in health care quality, overuse, pricing, and other subjects, is among the most robust in the nation.

This is the 13th Community Checkup report. In this report, we bring together results for 1,978 clinics, 376 medical groups, 123 hospitals, 16 health plans, 39 counties, and all nine Accountable Communities of Health on more than 110 performance measures. To produce results, we analyze health insurance claims for 4 million people. We also incorporate results from other organizations such as the National Committee for Quality Assurance (NCQA), the Washington State Department of Health, the Washington State Department of Social and Health Services and the Washington State Hospital Association, to ensure robust reporting of health care performance in one location. The Community Checkup includes measures from the Washington State Common Measure Set on Healthcare Quality and Cost, as well as additional quality measures on ambulatory and inpatient care.

In this summary report, you'll find:

- a guide to what you will find online at www.WACommunityCheckup.org;
- an overview of statewide variation in quality performance;
- medical group variation on certain preventive care and health screenings;
- a special highlight on colorectal cancer screening in Washington state;
- ranked results for medical groups based on their overall performance across a range of important quality measures;
- a look at the Alliance's work in addition to the Community Checkup report; and
- a review of Washington State-purchased health care spending for 2018.

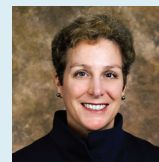
The Alliance's Board of Directors, committee members, and more than 185 member organizations, (employers, labor union trusts and other self-funded purchasers, providers, insurance plans, and our allies across the state) are all critical components to this endeavor. We deeply appreciate our members who entrust us with their data and the many national and state organizations that provide us with information to make this type of reporting available to the public.

Without all of your support, the work of the Washington Health Alliance would not be possible.

Sincerely,



Nancy A. Giunto
Executive Director,
Washington
Health Alliance



Using the Community Checkup



“The Washington Health Alliance’s Community Checkup not only gives Washington state unvarnished information about the health care delivery system, it puts that information into the hands of the

people getting the care, people giving the care, people paying for the care, and the people making decisions about health care policy. It’s not just an amazing resource, it is foundational to informing the lasting and significant improvements that we need.”

– **Dr. Marty Makary**, Author, *“The Price We Pay: What Broke American Health Care and How to Fix It,”* and Surgical Oncologist at Johns Hopkins University School of Medicine

The Washington Health Alliance believes that an important component of our mission is to provide information directly to the public, so that people can be informed about our health care system. There have been many changes over the 13 editions of the Community Checkup report, including shifting away from a paper report to one that is predominantly [online](#). This year we are continuing to provide a streamlined printable PDF report containing medical group rankings in addition to our comprehensive online update where you will find this year’s full results along with results from the four previous years.

The Community Checkup home [page](#) highlights the most recent Community Checkup report along with the Alliance’s other work.

Under [Scores](#) you can:

- view results for all insured groups together, as well as separately by commercially insured or Medicaid populations;

- see results in a graph or table format;
- view all results or narrow them by county, Accountable Community of Health, clinic, medical group, hospital or health plan;
- select a category of care, such as access to care, behavioral health, cardiovascular disease, diabetes, managing medications, pediatrics, potentially avoidable care, preventive care, and respiratory conditions; or
- see results for all of the measures or select only those that you are interested in.

For example, if you are interested in measures related to caring for patients with diabetes, there are results for multiple measures for medical groups and/or health plans, e.g., blood pressure control, blood sugar testing, regular retinal eye exams, kidney disease screening, blood sugar control, and taking diabetes medications as directed.

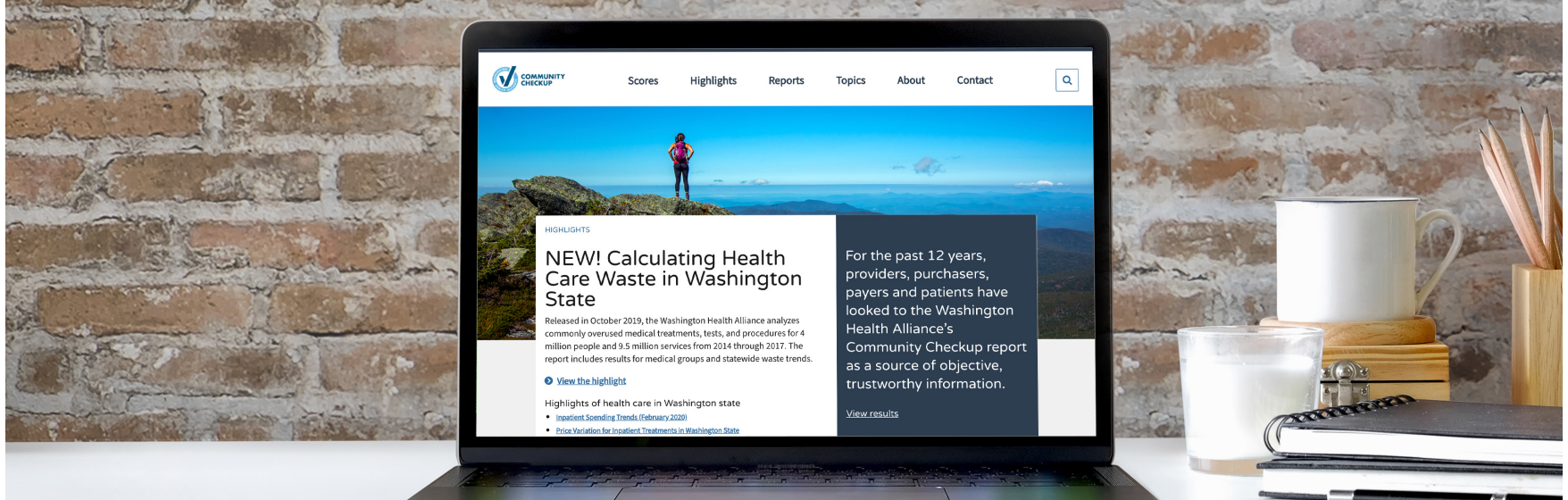
By selecting [Highlights](#), you will find a wide variety of the Alliance’s most recent research on health care quality, cost, waste, spending, value, and other topics.

Our [Reports](#) tab includes the Community Checkup and an archive of the Alliance’s reports by subject area. There, you will find complete reports under Choosing Wisely, Cost, Disparities in Health Care, Health Care Quality, Health Care Performance, Patient Experience, Right Care, and Utilization.

[Topics](#) provides the Community Checkup results by subject areas including: Care by Condition; Hospital Care; Primary Care; Patient Experience; and Cost.

Under [About](#), you will find documentation and additional information about the Alliance’s Community Checkup report, such as Process, Methodology, Common Measure Set, Glossary, Terms of Use, and Need Help?

Use our [Contact](#) page for feedback or if you have a question about the Alliance’s Community Checkup or the Alliance in general.



Scores

Scores

Our scores are based on unbiased, trustworthy data and analysis of the quality of health care in Washington state. Providers use the data to [compare their performance](#) and discover areas for quality improvement; employers and labor union trusts use it to understand the health care market; and, consumers use it to choose a primary care home.

For more detail about the process used to ensure the quality, accuracy and integrity of the scores, learn about [our methodology](#).

Providers & Plans

Clinics

A clinic is a single outpatient health care facility, which may be part of a medical group that has doctors' offices in several locations. Quality of care can vary by clinic [...read more](#)

[View full list of clinics](#)

Medical Groups

A medical group is a group of health care providers working for the same organization. A medical group may be made up of just one clinic or multiple [...read more](#)

[View full list of medical groups](#)

Hospitals

Quality of care can vary among hospitals. Want to familiarize yourself with hospitals close to home? Or compare hospitals within the county or state? [View full list of hospitals](#)

Tools

Tools

Compare Scores

Refine or expand your results using the menu on the left and above the table of results. Be sure to click "Apply" to update the information. Not finding results that you are looking for? Try changing the insurance type or year.

Refine by:

- Accountable Communities of Health (ACH)
- County
- Place or Organization
- Categories
- Measures

Insurance Type: All Commercial Medicaid

Category	Measure	Type	Place or organization	Score	Rate
Access to care	Access to primary care (ages 12-24 months)	State	State Average	97%	
ACH					
	Better Health Together	AVERAGE		95%	
	Cascade Pacific Action Alliance	AVERAGE		98%	
	Greater Columbia ACH	AVERAGE		97%	
	HealthierHere	AVERAGE		97%	
	North Central ACH	AVERAGE		94%	

Highlights

Highlights

The first step to improving the health care system is measuring it so you know what to improve. Using analysis of trustworthy data—we highlight a variety of issues and trends, and share that information here so we can work together to improve the quality and affordability of health care in Washington state.

☐ Show archived highlights

2020

[Inpatient Spending Trends in Washington State \(February 2020\)](#)

2019

[Calculating Health Care Waste in Washington State \(October 2019\)](#)

2019

[Variation of Pricing for Inpatient Treatments in Washington State](#)

Reports

Reports

First, Do No Harm: Calculating Health Care Waste in Washington State

This report looks at 47 measures known by the medical community for overuse from January 2014 through December 2017 and reports on statewide trends and medical groups for health care waste across Washington state.

[View Report](#) [Download PDF \(2.5 MB\)](#)

About our reports

Our reports are a resource for unbiased, trustworthy data and analysis of the quality of health care in Washington state. Providers use the data to discover areas for improvement,

About our data

Health care scores are drawn from a database managed by the [Washington Health Alliance](#). The database includes insurance claims data supplied by health plans and self-insured

About our methodology

Providers and data suppliers such as insurers and self-funded purchasers throughout Washington state work with the Alliance to develop the Community Checkup. For more

Topics

Topics

Not all health care is the same. So where you go for care matters. Learning how to find quality care is an important step for your health.

Care by Condition

Maybe you have a chronic illness like diabetes or asthma, or maybe you have something temporary, like low-back pain. In either case, there are certain things your doctor should be doing, or not doing, to [...read more](#)

Choose a Condition

Asthma & COPD

Hospital Care

You deserve the most effective, proven and safe care from the time you're admitted to the hospital to when you go home. And, as is true for medical groups and clinics, the quality of care varies from hospital to hospital.

Choose Hospital Care

Infectious

Primary Care

Primary care serves as your first point of entry into the health care system. Your primary care provider should be the main coordinator of your health care services over time. Primary care can help you with [...read more](#)

Choose Primary Care

Access to Care

About

About the Community Checkup

Introduction

What is the Community Checkup?

The Community Checkup is the umbrella under which the Washington Health Alliance releases all of its public reports on the quality of health care in Washington state, including the annual Community Checkup report. In addition, the Community Checkup encompasses a broad range of reports that rely upon the Alliance's data for analysis.

The 2018 Community Checkup annual report reflects:

- Care provided to approximately 4 million people in Washington state.
- 66 measures of health care value in the state-sponsored Common Measure Set for Health Quality and Cost.
- Data supplied by more than 25 health plans, self-insured employers and union trusts, as well as Washington state agencies.

How is the Community Checkup created?

Assembling the measure results is a multi-step process that includes the following:

Data Submission and Validation

Data suppliers submit claims and encounter data to Milliman, our data vendor. Milliman works directly with data suppliers to validate the data submitted and the initial performance measure results.

Initiatives of the Alliance Medical Practice Partners

Comparing Washington State to National Benchmarks



"Looking at how we, as providers, are performing across these quality measures is humbling and this report provides a more focused view on where we can focus our energy. Though there are many

different facets and complexities at play, the most important thing to keep in mind is that implementing change across the health care system is an ongoing journey that requires vision, tenacity, resilience, and collaboration."

– Dr. Christopher Kodama, President and CEO of Embright, LLC

The Community Checkup provides the opportunity to make statewide regional comparisons of important health care quality measures and also to compare Washington's performance with available national benchmarks. For many measures, our results can be compared with the national 90th percentile performance within the Healthcare Effectiveness Data and Information Set (HEDIS) dataset published by the National Committee for Quality Assurance (NCQA).

HEDIS is one of the most widely used tools to measure performance across the country. As of this writing, it is used by more than 1,000 health plans that cover 191 million people, more than half of the U.S. population. It examines how people get preventive care, care provided to people with chronic conditions, and whether people are receiving potentially avoidable care that has the potential to cause them physical, emotional or financial harm.

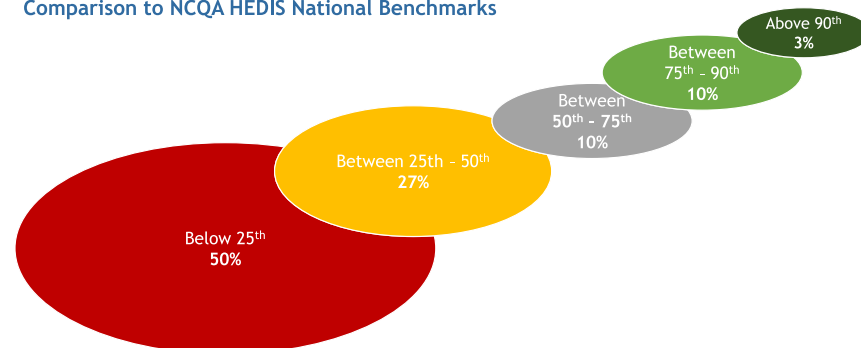
These charts show how Washington state compares to the national HEDIS benchmarks reported by NCQA. The benchmarks are calculated based upon commercial and Medicaid health plan information submitted to NCQA. When Washington's state average is at or above the national 90th percentile, it means that, on average, Washington performed better than 90% of the plans submitting data for that particular measure. Similarly, when the Washington state average is below the national 25th percentile, it means that overall the quality of care in Washington falls below 75% of plans reporting nationally. Due to differences in the benchmarks for the commercially-insured and Medicaid-insured, the results are always reported separately for each group.

Figure 1: Washington State Results Comparison to NCQA HEDIS National Benchmarks

The figures illustrate the number of Washington state’s measure results for calendar year 2018 that were at or above the national 90th percentile (dark green), between the 75th and 90th percentiles (light green), between 50th and 75th percentiles (gray), between 25th and 50th percentiles (yellow), and below the 25th percentile (red).

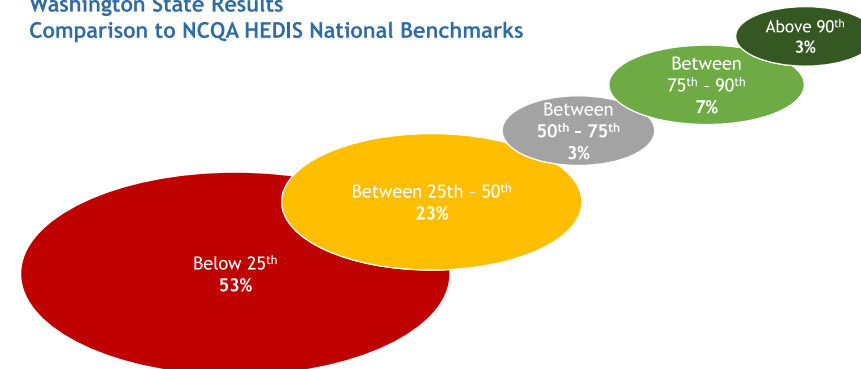
a. Commercially-Insured

Washington State Results
Comparison to NCQA HEDIS National Benchmarks



b. Medicaid-Insured

Washington State Results
Comparison to NCQA HEDIS National Benchmarks



Unfortunately, many of the measures in Washington state are below the national 50th percentile. For the Medicaid-insured, 77% of measure results are below the national 50th percentile. Washington state performed at or above the national 90th percentile on one measure; avoiding antibiotics for adults with acute bronchitis for both the commercially-insured and the Medicaid-insured.

Figure 2(a): Washington State Performance for **Commercially-Insured** Compared to NCQA National Benchmarks

Benchmarks	Measure	State Average	National 90th Percentile
Above 90th National Percentile	Avoiding antibiotics for adults with acute bronchitis	49%	49%
	Avoiding antibiotics for children with upper respiratory infection	96%	96%
Between 75th - 90th	Avoiding X-ray, MRI and CT scan for low-back pain	82%	84%
	Eye exam for people with diabetes	63%	68%
	Access to primary care (ages 65+ years)	97%	98%
Between 50th - 75th	Hospital readmissions within 30 days	68%	58%
	Statin therapy for patients with cardiovascular disease	82%	87%
	Access to primary care (ages 7-11 years)	90%	97%
Between 25th - 50th	Access to primary care (ages 12-19 years)	90%	96%
	Breast cancer screening	70%	79%
	Colon cancer screening	58%	74%
	Follow-up care for children prescribed ADHD medication (30 days)	37%	50%
	Kidney disease screening for people with diabetes	88%	93%
	Staying on antidepressant medication (12 weeks)	66%	77%
	Well-child visits (ages 3-6 years)	73%	89%
	Access to primary care (ages 12-24 months)	97%	99%
Below 25th	Access to primary care (ages 2-6 years)	89%	96%
	Access to primary care (ages 20-44 years)	88%	95%
	Access to primary care (ages 45-64 years)	94%	97%
	Adolescent well-care visits	38%	65%
	Appropriate testing for children with sore throat	82%	94%
	Asthma medication ratio	71%	86%
	Blood sugar (HbA1c) testing for people with diabetes	83%	94%
	Cervical cancer screening	66%	82%
	Chlamydia screening	35%	65%
	Follow-up care for children prescribed ADHD medication (9 months)	41%	60%
	Monitoring patients on high-blood pressure medications	75%	88%
	Spirometry testing to assess and diagnose COPD	34%	50%
	Staying on antidepressant medication (6 months)	46%	62%
	Well-child visits (in the first 15 months)	71%	90%

Figure 2(b): Washington State Performance for **Medicaid-Insured** Compared to NCQA National Benchmarks

Benchmarks	Measure	State Average	National 90th Percentile
Above 90th National Percentile	Avoiding antibiotics for adults with acute bronchitis	49%	49%
Between 75th - 90th	Avoiding antibiotics for children with upper respiratory infection	95%	97%
	Statin therapy for patients with cardiovascular disease	83%	84%
Between 50th - 75th	Avoiding X-ray, MRI and CT scan for low-back pain	74%	80%
Between 25th - 50th	Access to primary care (ages 12-24 months)	94%	98%
	Access to primary care (ages 20-44 years)	72%	85%
	Appropriate testing for children with sore throat	77%	91%
	Kidney disease screening for people with diabetes	89%	93%
	Spirometry testing to assess and diagnose COPD	29%	41%
	Staying on antidepressant medication (12 weeks)	51%	66%
	Staying on antidepressant medication (6 months)	34%	48%
Below 25th	Access to primary care (ages 2-6 years)	82%	93%
	Access to primary care (ages 7-11 years)	85%	96%
	Access to primary care (ages 12-19 years)	85%	95%
	Access to primary care (ages 45-64 years)	78%	91%
	Adolescent well-care visits	35%	68%
	Asthma medication ratio	49%	72%
	Blood sugar (HbA1c) testing for people with diabetes	84%	93%
	Breast cancer screening	52%	69%
	Cervical cancer screening	53%	72%
	Chlamydia screening	49%	72%
	Eye exam for people with diabetes	43%	70%
	Follow-up care for children prescribed ADHD medication (30 days)	32%	57%
	Follow-up care for children prescribed ADHD medication (9 months)	36%	69%
	Monitoring patients on high-blood pressure medications	84%	93%
	Well-child visits (ages 3-6 years)	59%	84%
	Well-child visits (in the first 15 months)	49%	73%

Variation in Preventive Care Across Washington State

The following chart shows the distribution for medical group results across seven of the Community Checkup preventive care and health screening measures for the commercially-insured population. In the chart, each blue dot is a medical group. The black diamond is the state average and the yellow line shows the national 90th percentile score as calculated by NCQA.

This visualization shows that there is wide variation in performance by medical groups across the state for:

- well-child visits in the first 15 months;
- well-child visits from 3 to 6 years of age;
- adolescent well-care visits;
- chlamydia screenings for young women;
- breast cancer screenings;
- cervical cancer screenings; and
- screenings for colon cancer, also known as colorectal cancer.

These results also illustrate that:

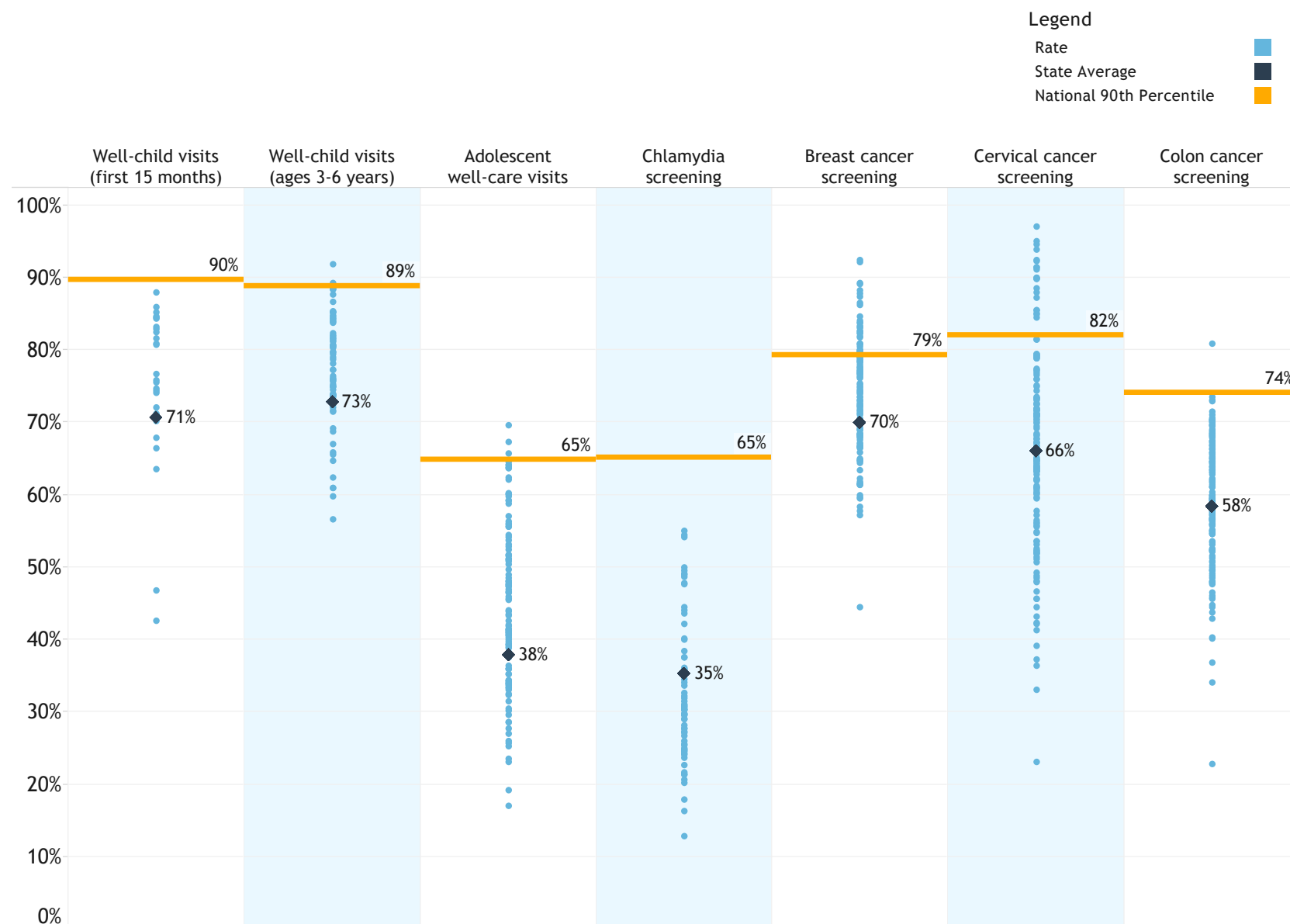
- the Washington state average is well below the national 90th percentile for all seven measures, indicating significant room for improvement for the state as whole; and
- while the performance for some medical groups is well above the state average and, in some cases, even well above the national 90th percentile, such as for breast cancer and cervical cancer screening, for other medical groups, performance is very low.

While these particular results pertain to these seven selected measures, this pattern of variation is quite common among many of the quality measures included in the Community Checkup. This degree of variation is emblematic of lower quality overall. Breast cancer is an example of a measure that shows less variation and a state average that is closer to the 90th percentile. We would aspire to see more results where clinic and medical group performance are clustered tightly around a state average that is, ideally, at or above the national 90th percentile.

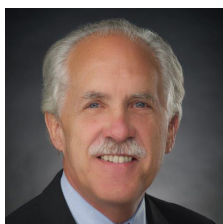


For more information on variation, go to www.WACommunityCheckup.org/highlights/ and select Variation in Health Care Quality.

Figure 3: Selected Preventive Care Measure Variation for the **Commercially-Insured**



Community Checkup Spotlight: Colorectal Cancer Screening



“There should not be anyone who dies of colorectal cancer in this country. If everyone was screened at appropriate intervals and in a timely way, we could eliminate or, at a minimum, significantly reduce the number of deaths. Too many times people show up in the Emergency Room because of a bowel obstruction, but by then, it’s too late.”

– **Dr. Rick Ludwig**, interim Chief Executive Officer at Pacific Medical Centers and Medical Director of the U.S. Family Health Plan at Pacific Medical Centers

Colorectal cancer is the second leading cause of cancer deaths in the United States and Washington state behind lung cancer.ⁱ Screening prevents colorectal cancerⁱⁱ by finding pre-cancerous lesions so they can be removed before they become cancerous. Screening can also detect colorectal cancer early and when it is localized, the 5-year survival rate is over 90%, with many patients cured; the 5-year survival for those with late-stage colorectal cancer is less than 20%.ⁱⁱⁱ

The general colorectal screening recommendations for average-risk men and women ages 50 to 75 is that they have a colonoscopy every 10 years, a flexible sigmoidoscopy every 5 years, or use a stool-based test, such as a fecal immunochemical test (FIT), FIT-DNA, or fecal occult blood test (FOBT) every year. However, the American Cancer Society has recommended that screening begin at 45, largely to address the 51% increase in colorectal cancer diagnosed in those under age 50 since 1994.^{iv} The U.S. Preventive Services Task Force’s recommendations, last issued in 2016, are in the process of being updated.^v The problem is that too often colorectal screenings don’t happen at all or reliably at evidence-based intervals (depending on the type of test) and the result is that people get very sick and often die from a disease that could have been successfully treated if diagnosed early.

Washington state’s colorectal cancer screening rates have shown little improvement through the years and as with many other health care quality measures, this is one area where there continues to be wide variation in quality. The charts, beginning on page 12, show the range in colorectal screening rates for medical groups across Washington state in 2018.^{vi}

In 2018, Washington state’s average colorectal screening rate was 58% for the commercially-insured.^{vii} While this is within reach of the national average of 60.3% (PPO) and 64.1% (HMO),^{viii} it continues to be far below our aspirational goal of national 90th percentile performance on important quality measures which is at 74% for those commercially insured.^{ix} National benchmarks are not available for the Medicaid-insured, but for that Washington state population, the colorectal cancer screening rate was 46% in 2018.^x There are several hurdles related to ensuring timely and evidence-based colorectal cancer screening.

Stigma. People are uncomfortable talking about bowels and handling fecal matter. This plays a part in effectively using the at-home FIT or FOBT kits.

Colonoscopy Preparation. Many people say that preparations of fasting, drinking only clear liquids to clean the bowels, taking time off from work, and having to have someone drive you after the procedure are a burden.

Financial Uncertainties. While the Affordable Care Act includes colonoscopies as preventive care, they can change to diagnostic procedures if polyps are found and can leave patients, particularly those with high deductible health plans, with unexpected and significant medical costs. In addition, if performed after a positive FIT result, the colonoscopy may be considered diagnostic and no longer a part of covered preventive care benefits.

System Inconsistencies. There is an incentive to screen Medicare patients because colorectal cancer screening is among the 40 metrics that are used to rate health plans for Medicare's 5-star program. While Medicaid also covers the full cost of colonoscopies, the lack of a reporting requirement for Medicaid health plans means there is less incentive to track whether colorectal cancer screening is taking place. In addition, the low rate of Medicaid reimbursement rates may affect the number of providers who are willing to perform screening tests/procedures.

Disparities in Screening and Treatment. Communities of color and people with low incomes have lower rates of colorectal cancer screenings.^{xi} The National Breast and Cervical Cancer Early Detection program provides free screening services for low income women and those without insurance. It also covers cancer care if detected because of the screening program.^{xii} Under Washington state law, the cost associated with breast and cervical cancer screenings and treatment is covered if a patient meets income requirements.^{xiii} The same is not true for colorectal cancer screening and treatment.



Dr. Beverly Green, Family Physician and Senior Investigator at Kaiser Permanente Washington Health Research Institute has been studying colorectal cancer screening rates for more than 20 years. She says colorectal cancer screening rates can be dramatically increased and one mechanism to do that is mailing home-testing FIT kits to patients. A study of 21 primary care clinics and almost 5,000 patients saw a 30% increase in screening by mailing kits to patients at

home.^{xiv} She has also watched as mailing FIT kits enabled Kaiser Permanente in California to reach screening rates over 80% with colorectal cancer deaths

decreased by over 50%.^{xv} Green says, "What's exciting is that with increased screening, you actually see the rate of colorectal cancer and associated deaths go down."^{xvi}

Dr. Ludwig explains, "every process is perfectly designed to give you the outcome that you get and the screening rate for colorectal cancer has not budged over the last several years because of the current process. We need to change the process. What Dr. Green's work has shown is if you change the process around mailing FIT kits, you can increase the number of people screened." Green and Ludwig agree that mailing FIT kits to patients better ensures FIT tests become a regular part of annual physicals and improves outcomes.

Based on Dr. Green's research, there are several other policy and practice changes that would increase colorectal cancer screening rates in Washington state:

1. require measurement of colorectal cancer screening rates for the Medicaid population by the state and/or federal government;
2. tie provider payments to showing improvement in colorectal cancer screening rates in state health care purchasing contracts (along with other quality measures);
3. improve outreach to ensure that each positive FIT result leads to a colonoscopy;
4. eliminate patient financial obligations for colonoscopies that are part of preventive care—including if they become diagnostic when a polyp is removed or if they are after a positive FIT;
5. increase funding to provide colorectal cancer screenings to the uninsured; and
6. allow patients who are income-eligible to have the same access to free screening and treatment as those with breast and cervical cancer.

Both Drs. Ludwig and Green are members of The Bree Collaborative's Colorectal Cancer initiative, an effort to improve colon cancer screening in Washington state that began in January 2020.^{xvii}

Figure 4: Colon Screening Rate by Medical Group for the **Commercially-Insured** Compared to State Average

Score	Medical Group	Rate	Score	Medical Group	Rate
Better	Overlake Internal Medicine Associates	81%	Better	Three Rivers Family Medicine	67%
	Providence Medical Group- Southeast	74%		Tumwater Family Practice Clinic	66%
	Eastside Family Medicine Clinic	73%		Generations Ob/Gyn	66%
	OFIM	73%		South Sound Women's Center	66%
	Kaiser Permanente Washington	71%		UW Medicine - Valley Medical Group	66%
	Pacific Gynecology Specialists	71%		Virginia Mason Medical Center	66%
	The Polyclinic	71%		North Olympic Healthcare Network	66%
	Memorial Physicians, PLLC	71%		Adventist Health Medical Group*	66%
	Olympia Orthopaedic Associates, PLLC	70%		Providence Physicians Group	65%
	Capital Medical Center	70%		Bellevue Family Medicine Associates	65%
	Pullman Family Medicine	70%		Trios Medical Group*	65%
	Olympia Obstetrics & Gynecology	70%		Pacific Medical Centers	65%
	UW Neighborhood Clinics	70%		Cascade Family Medical Clinic	65%
	Swedish Medical Group	70%		Puyallup Endocrine & Nuclear Medicine Clinics	65%
	Palouse Medical	70%		Legacy Health*	65%
	Whidbey Island Internal Medicine	70%		Overlake Medical Clinics	65%
	Valley Women's Clinic	70%		Summit View Clinic	64%
	Quality Care Medical Clinic	69%		Yakima Neighborhood Health Services*	64%
	Women's & Family Health Specialists	69%		MultiCare Health System	64%
	Kadlec Clinic*	69%		Walla Walla Clinic	64%
	Pioneer Family Practice, PLLC	69%		Harborview Medical Center*	64%
	Family Care Network	69%		Providence Medical Group - Spokane*	63%
	Kittitas Valley Healthcare	68%		EvergreenHealth Medical Group	63%
	University of Washington Medical Center	68%		Steck Medical Group	63%
	Kittitas Valley Healthcare - 2	68%		Whidbey General Hospital and Clinics	63%
	Family Health Care of Ellensburg	68%		Providence Medical Group - Southwest	62%
	Associates in Family Medicine	68%		Totem Lake Family Medicine	62%
	Tri-Cities Community Health*	68%		Edmonds Family Medicine	62%
	Women's Healthcare Alliance	67%		PeaceHealth Medical Group*	62%
	Southlake Clinic	67%		Sound Family Medicine	62%
	Lourdes Medical Center	67%		Columbia Medical Associates	61%
	The Everett Clinic	67%		Confluence Health	60%
	Family Medicine of Grays Harbor	67%			
	Spokane Internal Medicine	67%			

Figure 4: Colon Screening Rate by Medical Group for the **Commercially-Insured** Compared to State Average

Score	Medical Group	Rate	Score	Medical Group	Rate
Average	Meridian Women's Health	68%	Average	Northwest OB-GYN	57%
	Island Internal Medicine	64%		Neighborcare Health*	57%
	Overlake Obstetricians and Gynecologists	63%		Olympic Medical Center	57%
	Creekside Medical	61%		Northwest Medical Associates	56%
	Physicians Immediate Care and Medical Center	61%		Spokane OBGYN	56%
	Interlake Medical Center, PLLC	61%		Riverview Obstetrics and Gynecology*	56%
	International Community Health Services*	60%		Summit Pacific Medical Center*	56%
	Yakima Valley Farm Workers Clinic*	60%		Community Health Center of Snohomish County*	56%
	Western Washington Medical Group	60%		Arthritis Northwest Rheumatology PLLC	56%
	Center for Women's Health at Evergreen	60%		Proliance Surgeons Inc PS	55%
	Mason General Hospital & Family of Clinics*	60%		Sound Women's Care	55%
	Columbia Valley Community Health*	60%		Island Hospital	55%
	Samaritan Healthcare*	60%		Cowlitz Family Health Center*	55%
	Snoqualmie Valley Hospital	59%		Cascade Valley Hospital and Clinics	55%
	The Vancouver Clinic*	59%		Cascade Medical Center	54%
	CHI Franciscan Medical Group	59%		Hudson's Bay Medical Group*	53%
	Jefferson Healthcare	59%		Family Wellness Center P.C.*	53%
	Northwest Physicians Network	59%		Mid-Valley Medical Group	52%
	MultiCare Rockwood Clinic*	59%		Sequim Medical Associates	52%
	Physicians Care Family Medicine	59%		Dedicated Women's Health Specialists, Inc	52%
	Yelm Family Medicine	59%		Morton General Hospital*	51%
	North Spokane Women's Health	58%		Tri-City Orthopedics	51%
	South Island Medical	58%		Unity Care Northwest*	50%
	Community Health of Central Washington*	58%		Planned Parenthood of the Great Northwest and t..	50%
	OB/GYN Associates of Spokane	58%			
	Whitman Medical Group	58%			
	Community Health Association of Spokane*	58%			
	Cascade Orthopaedics	58%			
	Cancer Care Northwest	57%			
	Peninsula Community Health Services*	57%			
	Bellingham OB/GYN Associates	57%			
	Tri-State Memorial Hospital & Medical Center*	57%			
	Bastyr Center for Natural Health	57%			
	PMH Medical Center	57%			

Figure 4: Colon Screening Rate by Medical Group for the **Commercially-Insured** Compared to State Average

Score	Medical Group	Rate
Worse	Skagit Regional Health*	56%
	HealthPoint*	55%
	The Doctors Clinic	55%
	Lake Serene Clinic	53%
	North Island Medical Center	52%
	Lake Chelan Community Hospital & Clinics*	52%
	Jamestown Family Health Clinic	52%
	Willapa Harbor Hospital	51%
	VA Medical Center	50%
	Sunnyside Community Hospital & Clinics*	50%
	Community Health Care*	50%
	Newport Hospital and Health Services*	49%
	Columbia County Health System*	49%
	Clallam County Hospital District	49%
	Columbia Basin Hospital*	48%
	The Doctors' Clinic of Spokane*	48%
	Coulee Medical Center*	48%
	Mid-Valley Community Clinic PLLC*	48%
	Lincoln Hospital*	48%
	Moses Lake Community Health Center*	46%
	Sea Mar Community Health Centers*	46%
	Kitsap OBGYN	46%
	Family Health Centers*	46%
	Port Hadlock Medical Clinic	45%
	Country Doctor Community Health Centers*	44%
	NorthShore Medical Group*	44%
	Kirkpatrick Family Care	43%
	Columbia Basin Health Association*	40%
	Klickitat Valley Health*	40%
	Ocean Beach Hospital & Medical Clinics*	37%
	Family Care & Urgent Medical Clinics*	34%
	South Hill General Medical Clinic*	23%



Medical Group Performance Ranking



"The Alliance's Community Checkup provides an important opportunity for medical groups to take a step back and compare their performance with other medical groups across the state on a wide range of quality metrics. It's clear everyone has both the ability and the responsibility to continually improve the quality of our health care delivery system. Having a commonly agreed upon method for measurement and trusted, credible results is foundational to guiding those improvements."

– **Lloyd David**, Executive Director/CEO of the Polyclinic since 1994

The Alliance uses results for up to 31 Community Checkup measures to rank the performance of medical groups of four or more providers in the state. To determine their place in the ranking a medical group earns two points for each measure in which they have a "better" score (compared to the state average) and one point for each "average" score. For each "worse" score, two points are subtracted.

The ranking is reported separately for the commercially and Medicaid-insured and by the total number of measures for which the medical group had sufficient results to substantiate public reporting. Medical groups with results for 15 or more measures are reported separately from those that have results for 5 to 14 measures. Note that the total number of measures is shown in the corresponding color; green for better, grey for average, and red for worse.



These results correspond to claims and encounter data for calendar year 2018. An * indicates that more than 50% of that medical group's patients have Medicaid coverage.

Consistency in performance deserves special note

These medical groups with results for 15 or more measures **have placed in the top five ranking every year** since the Alliance began using the Statewide Common Measure Set in 2015.

For the commercially-insured:

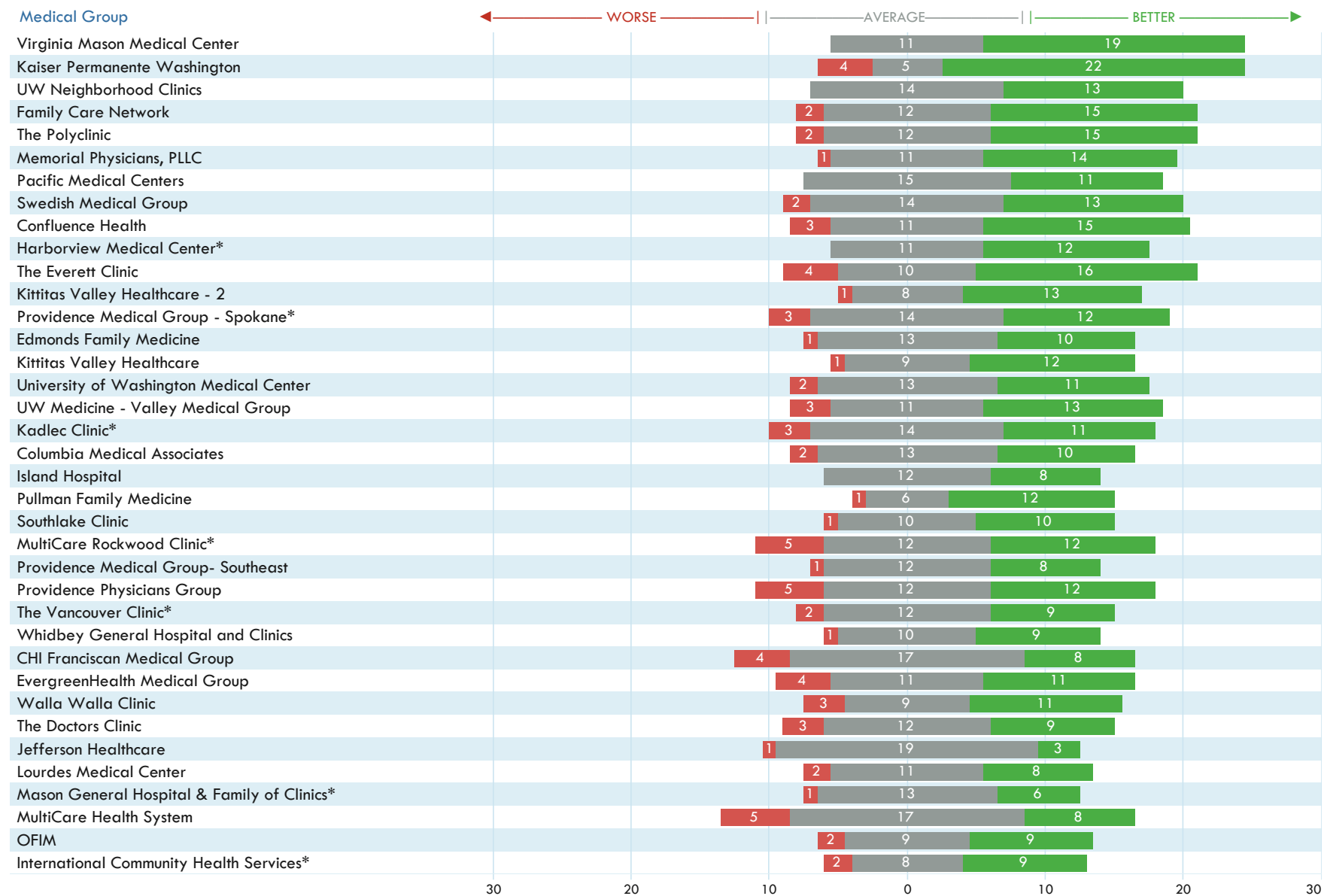
- Kaiser Permanente Washington
- Virginia Mason Medical Center

For the Medicaid-insured:

- Kaiser Permanente Washington
- UW Medicine-Valley Medical Center

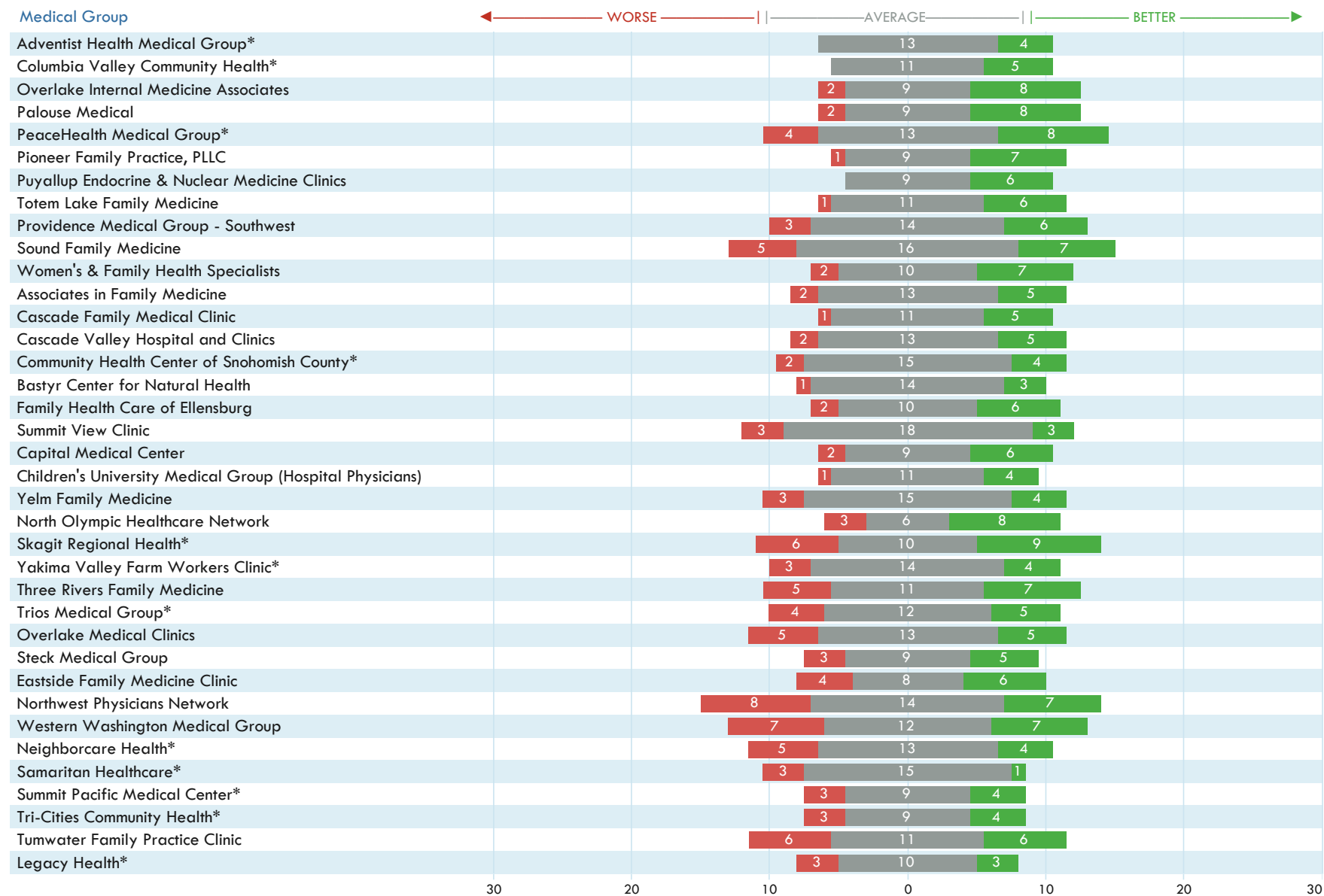


Figure 5(a): Performance Ranking for Medical Groups with Results for 15 or More Measures (**Commercially-Insured**)



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Figure 5(a): Performance Ranking for Medical Groups with Results for 15 or More Measures (**Commercially-Insured**) (continued)



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Figure 5(a): Performance Ranking for Medical Groups with Results for 15 or More Measures (**Commercially-Insured**) (continued)

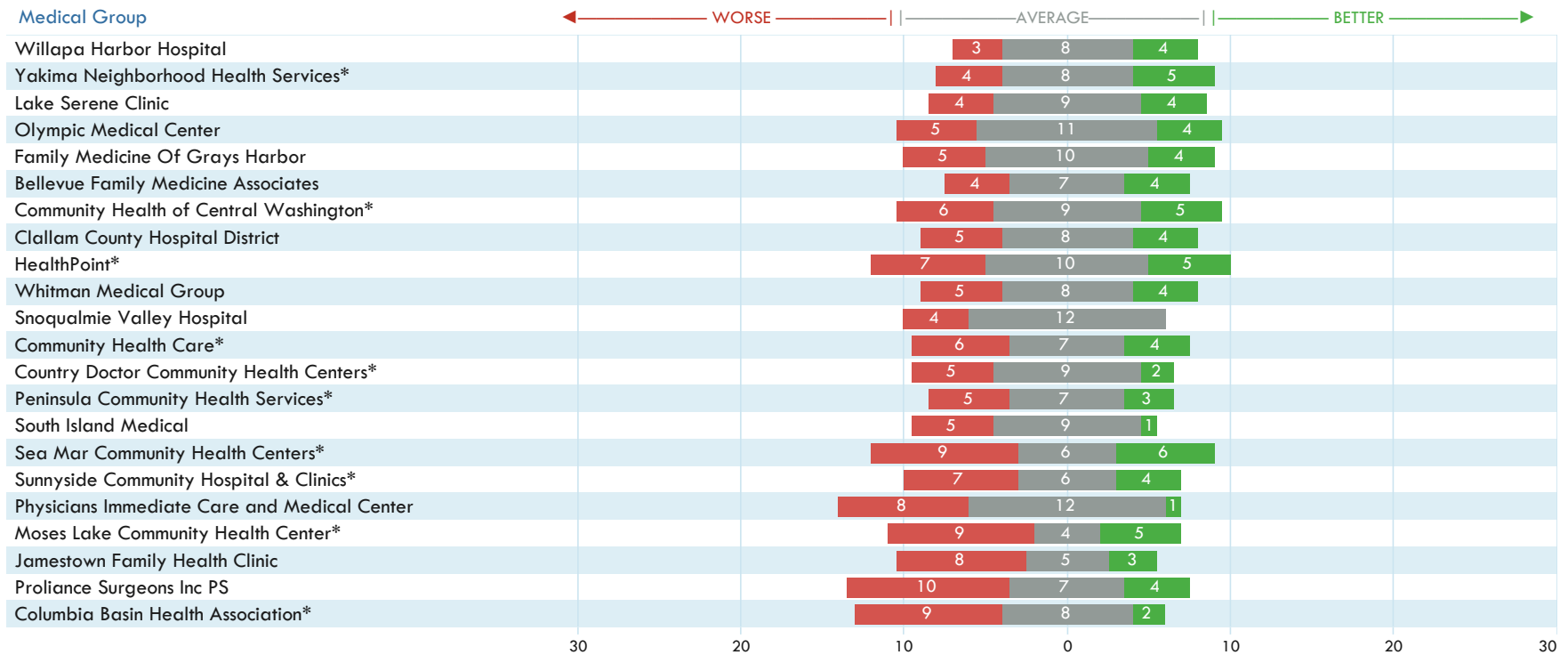
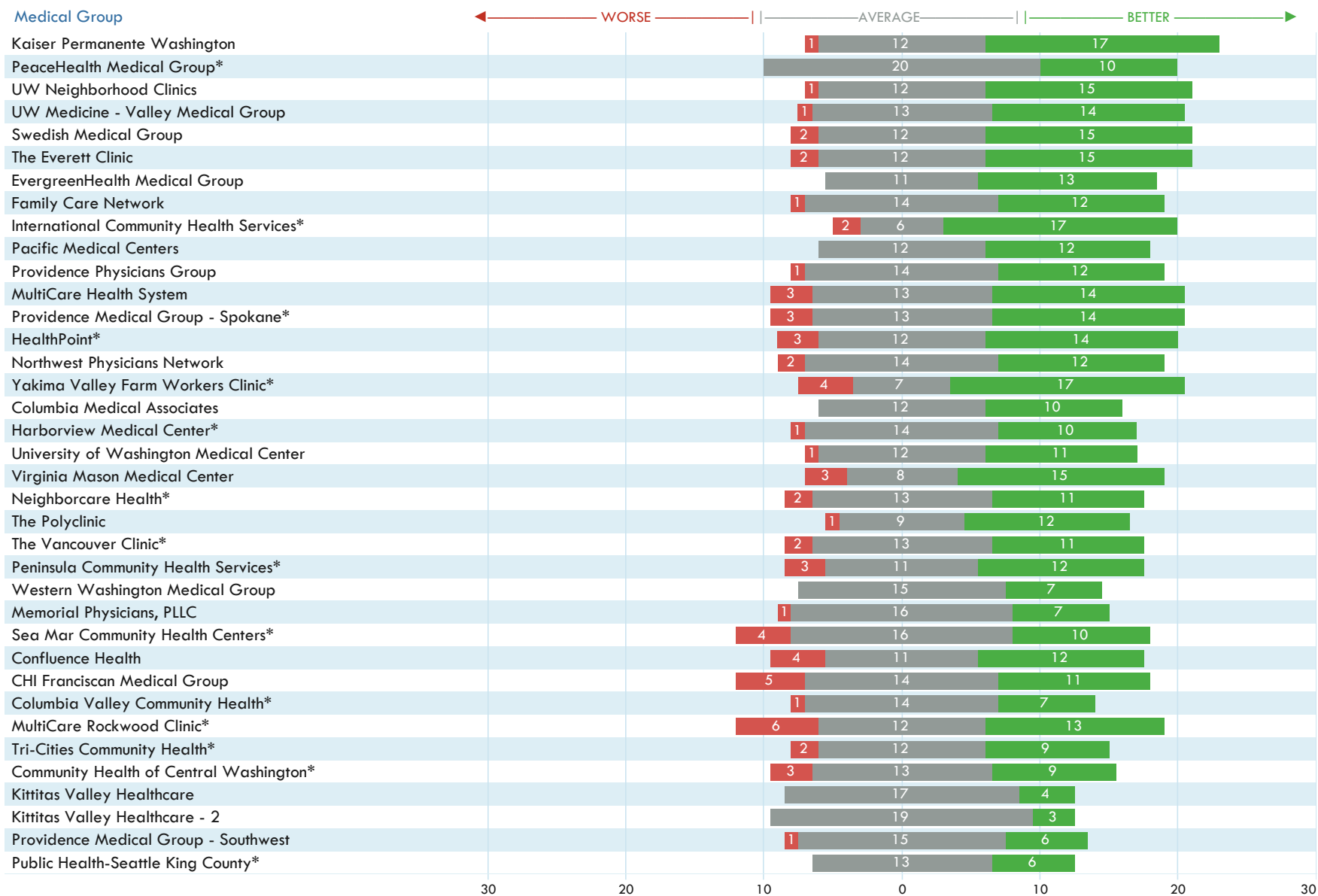


Figure 5(b): Performance Ranking for Medical Groups with Results for 15 or More Measures (Medicaid-Insured)



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Figure 5(b): Performance Ranking for Medical Groups with Results for 15 or More Measures (**Medicaid-Insured**) (continued)

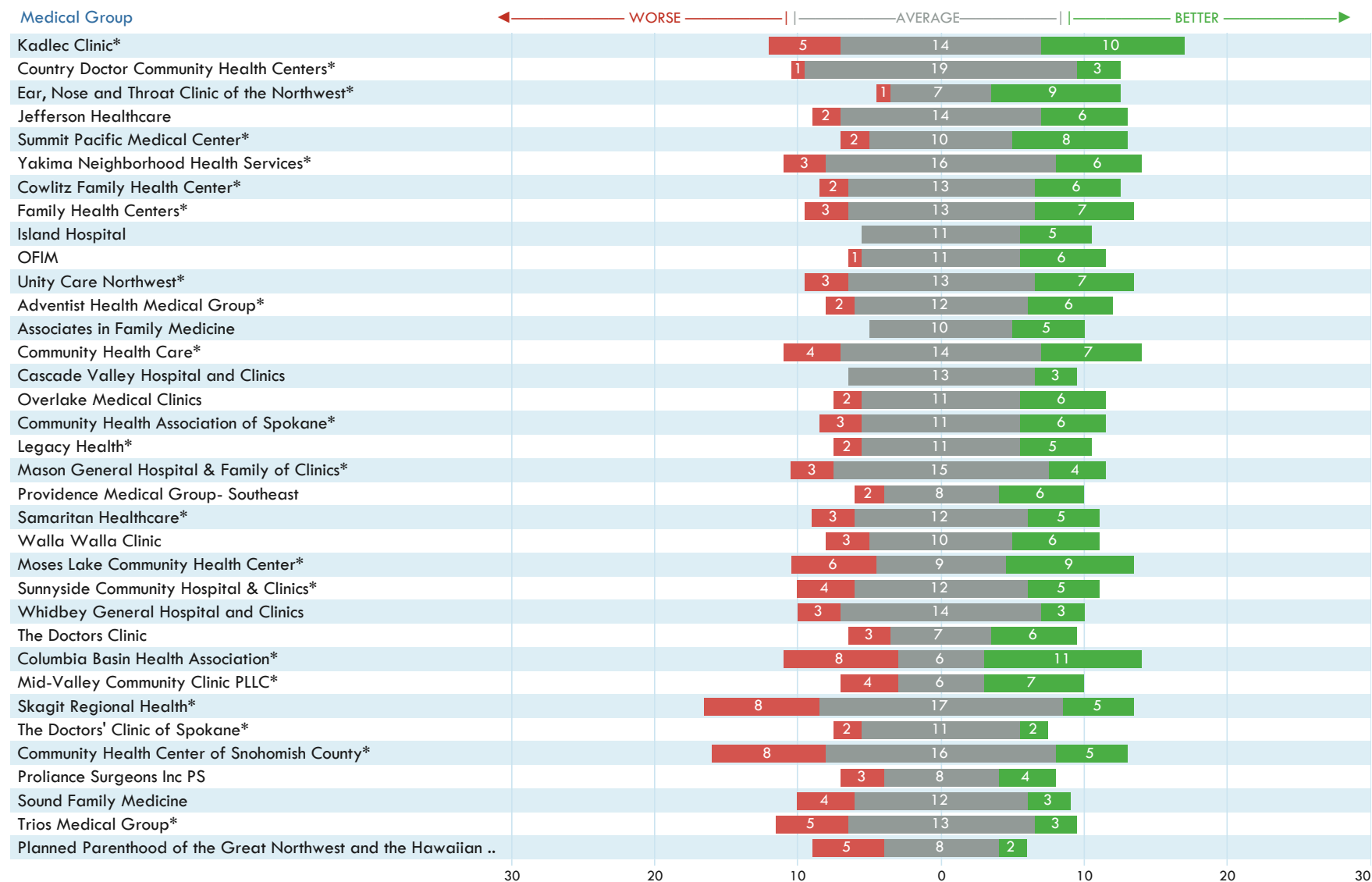
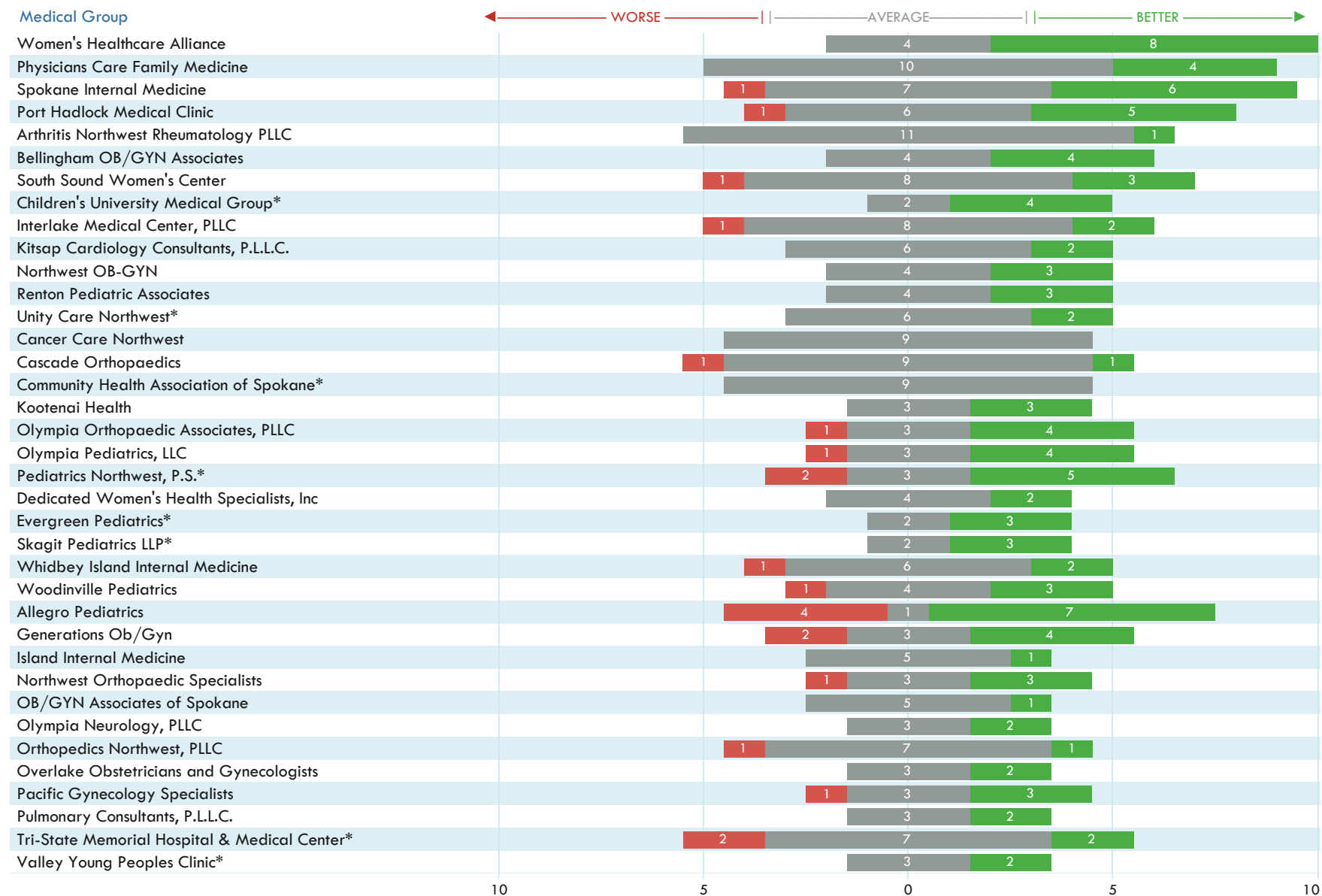
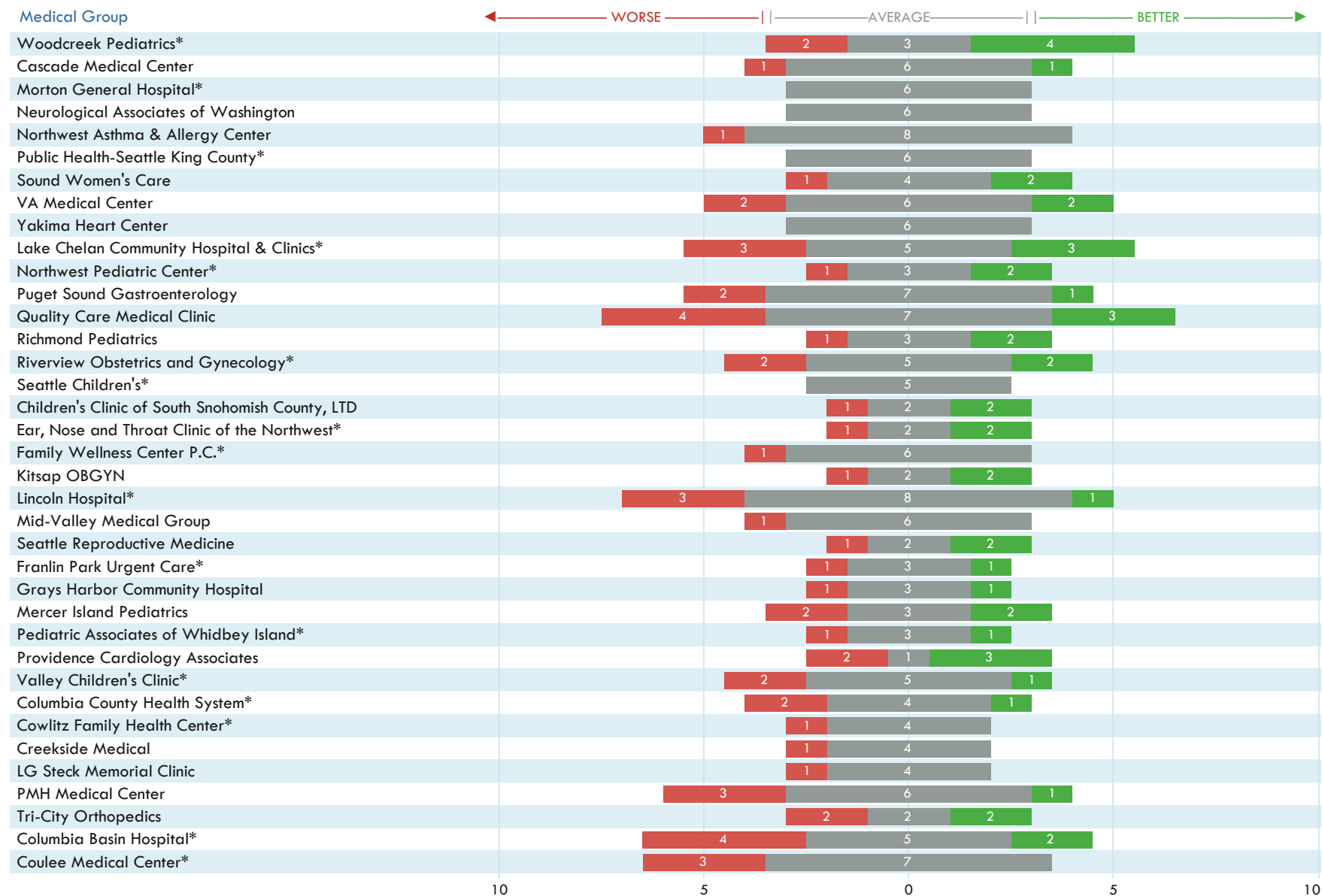


Figure 6(a): Performance Ranking for Medical Groups with Results for 5 to 14 Measures (**Commercially-Insured**)



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Figure 6(a): Performance Ranking for Medical Groups with Results for 5 to 14 Measures (**Commercially-Insured**) (continued)



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Figure 6(a): Performance Ranking for Medical Groups with Results for 5 to 14 Measures (**Commercially-Insured**) (continued)

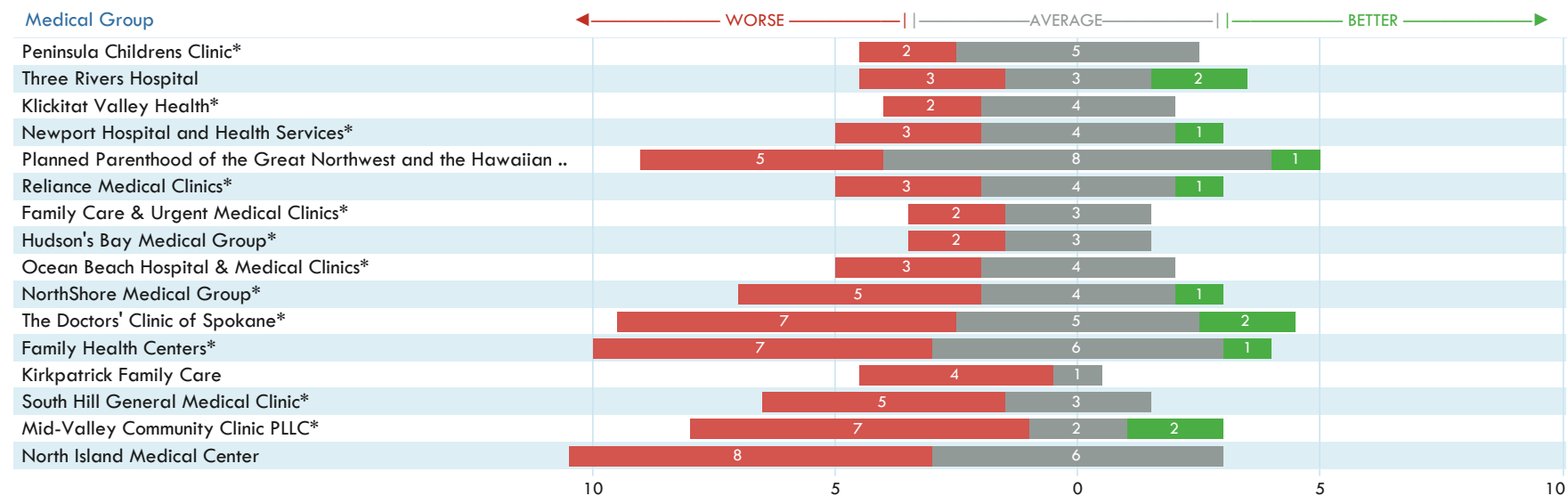
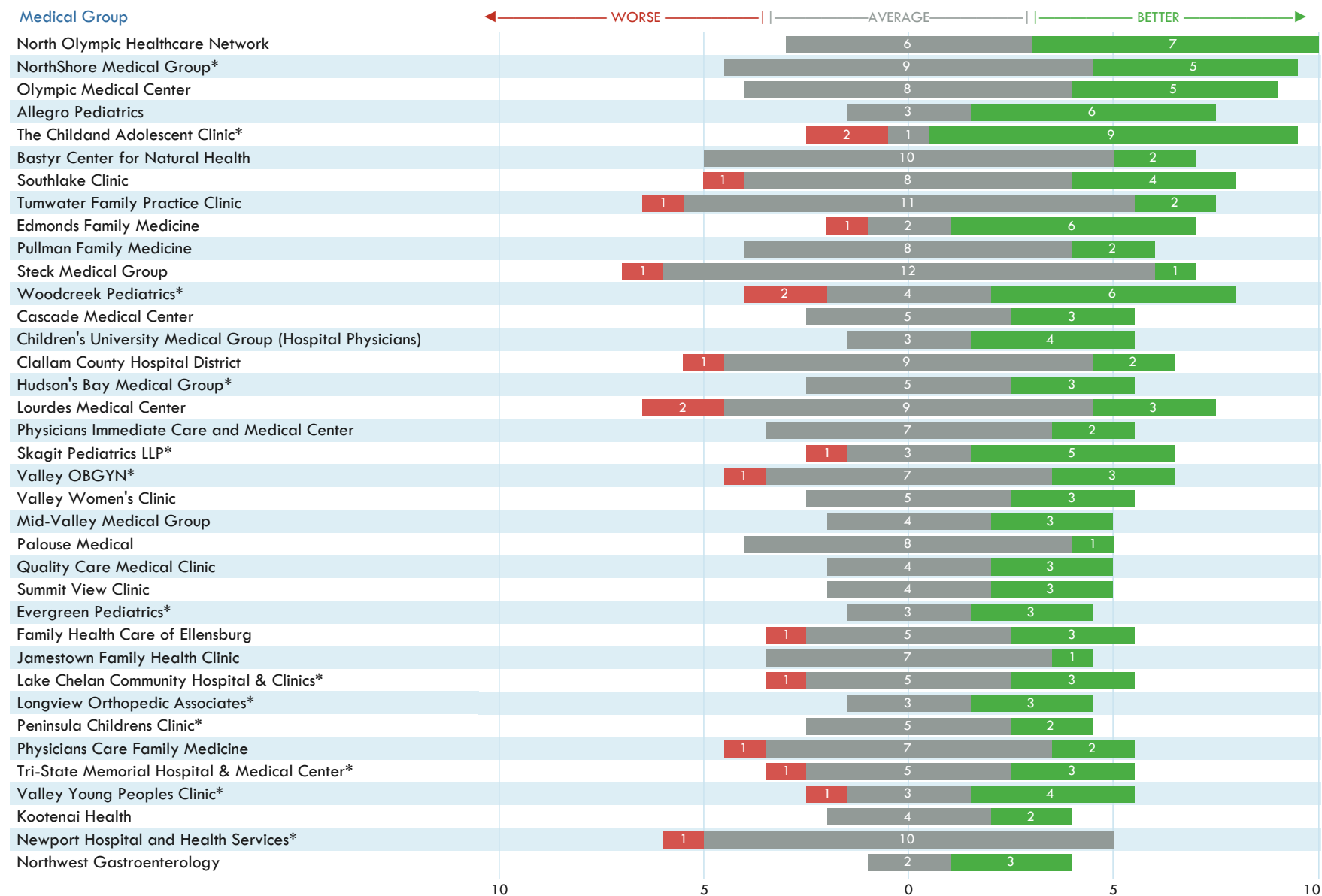


Figure 6(b): Performance Ranking for Medical Groups with Results for 5 to 14 Measures (**Medicaid-Insured**)



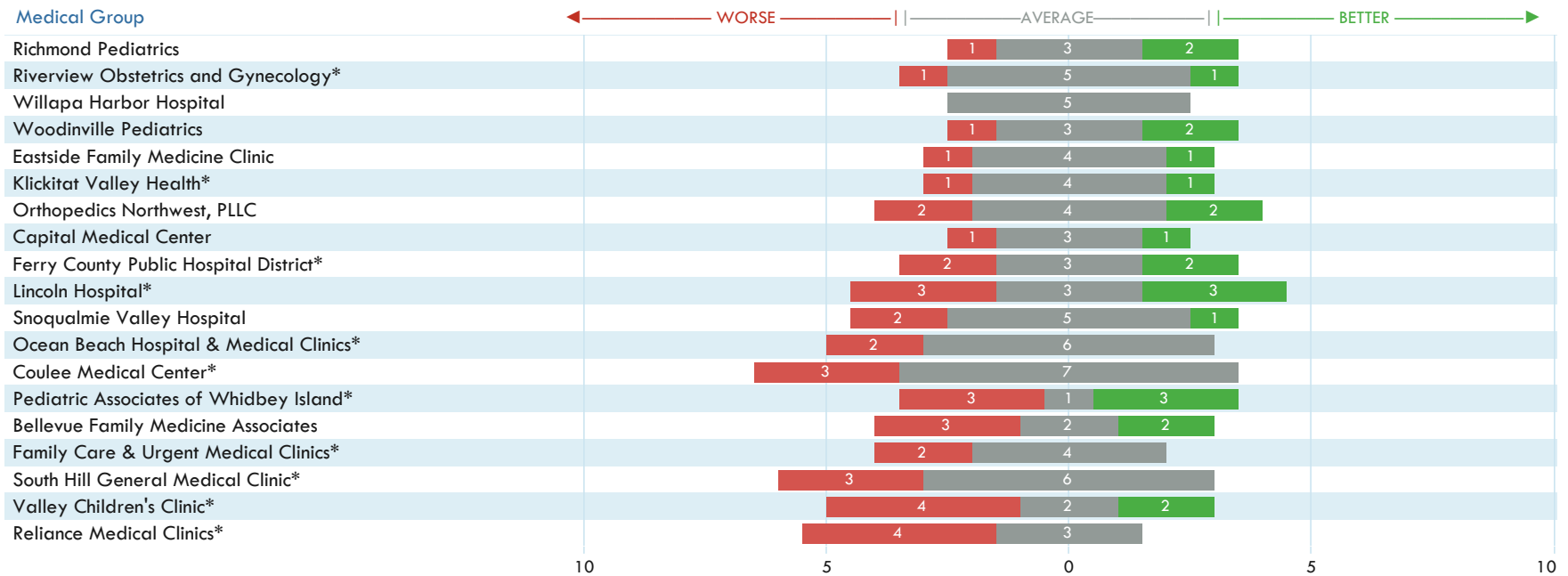
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Figure 6(b): Performance Ranking for Medical Groups with Results for 5 to 14 Measures (**Medicaid-Insured**) (continued)



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Figure 6(b): Performance Ranking for Medical Groups with Results for 5 to 14 Measures (**Medicaid-Insured**) (continued)



A Look at the Alliance's Other Work

The Alliance is continually working with its members across the state to develop new ideas for measurement, analysis, and reporting to support greater health care transparency in our state. An important component of the Alliance's mission is to make this work publicly available on our Community Checkup website at www.WACommunityCheckup.org.

For example, over the last year, the Alliance produced public reports on:

- hospital inpatient prices for the same (risk-adjusted) services, using the actual negotiated payments and including facility and doctor fees and patient obligations (such as deductibles and co-insurance) for individual hospitals and by each inpatient treatment;
- the underlying reasons for inpatient health care spending trends statewide, by individual hospital and by treatment;
- the performance of health insurance plans using the eValue8™ nationally standardized process that helps to assess the performance of commercial health plans; and
- the prevalence of low-value care, using the Milliman MedInsight Health Waste Calculator™ for 47 common tests, treatments and procedures that have been identified by the medical community as often overused, including results by medical group.

Looking ahead, the Alliance is broadening its efforts to include some new work. Here are just a few examples:

- implementing a newly-developed quality composite score that will enable a more sophisticated and nuanced ranking of clinics and medical groups based on measures in the Community Checkup;
- releasing an updated hospital value report that combines quality, patient experience, and cost;
- producing new results using the 2020 eValue8™ process to evaluate health plan performance; and

- launching a new consumer education campaign, “More Isn’t Always Better,” to empower active participation by patients in shared health care decision-making with their providers in an effort to reduce low-value and potentially harmful care.

We are excited about the future and hope you will stay tuned for news on these and other opportunities to improve our health care system.



Health Care Spending in Washington State^{xviii}

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 healthcare, 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 State, 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 7) presents information on the Washington State-purchased health care annual spending (Medicaid and Public Employee Benefits (PEBB)) as a percentage of Washington State gross domestic product (GDP) for a six-year period (2013–2018).^{xix} 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. 2014 Washington state-purchased health care annual spending as a percentage of 2014 state GDP). Percentages reflect year over year changes.

Figure 7: Health Care Spending Relative to the Washington State Gross Domestic Product, 2013-2018 (Current Dollars)

	WA State-Purchased Health Care Annual Spending (includes Medicaid and PEB)		WA state Health Care Avg Monthly Eligible Members (Medicaid and PEB)		WA State GDP		State Purchased Health Care Spending as a Percentage of State GDP	
2013	\$7,230,366,630		1,340,359		\$419,345,000,000		1.72%	
2014	\$9,321,846,597	29% Change	1,801,986	34% Change	\$442,442,400,000	6% Change	2.11%	22% Change
2015	\$10,169,419,204	9% Change	2,002,604	11% Change	\$470,582,200,000	6% Change	2.16%	3% Change
2016	\$11,195,197,682	10% Change	2,067,889	3% Change	\$492,942,700,000	5% Change	2.27%	5% Change
2017	\$11,803,961,752	5% Change	2,077,296	0% Change	\$522,425,500,000	6% Change	2.26%	-1% Change
2018	\$11,648,507,881	-1% Change	2,043,839	-2% Change	\$563,150,500,000	8% Change	2.07%	-8% Change



To see additional breakdowns on Medicaid and Public Employee spending as well as graphs of spending over time, go to www.WACommunityCheckup.org/reports/ and select Health Care Spending in Washington State.

Endnotes

ⁱ Green, B., MD, MPH, Colorectal Cancer Control Where Have We Been and Where Should We Go Next?, JAMA Internal Medicine, published online October 15, 2018. <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2706173>.

ⁱⁱ Colorectal screening is reported in the Community Checkup under the heading “colon cancer screening.”

ⁱⁱⁱ American Cancer Society, Colorectal Cancer Facts & Figures 2020-2022 at 11. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf>.

^{iv} Wolf, A., MD, et al., Colorectal Cancer Screening for Average-Risk Adults: 2018 Guideline Update from the American Cancer Society, May 30, 2018. <https://doi.org/10.3322/caac.21457>.

^v United States Preventive Services Task Force, Final Recommendation Statement Colorectal Cancer: Screening. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/colorectal-cancer-screening2#tab>.

^{vi} Washington Health Alliance, Community Checkup 2019, Scores, Colon Cancer Screening. <https://www.wacommunitycheckup.org/compare-scores/compare-results/>. In some instances, a medical group may have a lower score than another medical group despite having a higher numerical rate. For more information, see “How we calculate our scores” in the Community Checkup Methodology. <https://www.wacommunitycheckup.org/about/methodology/>.

^{vii} See id.

^{viii} National Committee for Quality Assurance, Colorectal Cancer Screening, Results, 2018. <https://www.ncqa.org/hedis/measures/colorectal-cancer-screening/>.

^{ix} See Washington State Performance for Commercially-Insured as Compared to NCQA National Benchmarks at 6.

^x The Robert C. Bree Collaborative, Colorectal Cancer. <http://www.breecollaborative.org/topic-areas/current-topics/colorectal-cancer/>.

^{xi} See id.

^{xii} Centers for Disease Control and Prevention, National Breast and Cervical Cancer Early Detection Program. Page last reviewed September 19, 2019. <https://www.cdc.gov/cancer/>

nbccedp/index.htm.

^{xiii} Washington Administrative Code 182-505-0120. <https://app.leg.wa.gov/wac/default.aspx?cite=182-505-0120>.

^{xiv} Green BB, Wang CY, Anderson ML, Chubak J, Meenan RT, Vernon SW, Fuller S, An automated intervention with stepped increases in support to increase uptake of colorectal cancer screening. A randomized controlled trial. Annals of Internal Medicine. 2013 Mar 5; 158(5 Pt 1):301-311. PMID: 3953144. <https://annals.org/aim/article-abstract/1656409/automated-intervention-stepped-increases-support-increase-uptake-colorectal-cancer-screening?doi=10.7326%2f0003-4819-158-5-201303050-00002>.

^{xv} Levin, T., et al., Effects of Organized Colorectal Cancer Screening on Cancer Incidence and Mortality in a Large Community-Based Population, Gastroenterology, November 2018. [https://www.gastrojournal.org/article/S0016-5085\(18\)34783-8/fulltext](https://www.gastrojournal.org/article/S0016-5085(18)34783-8/fulltext).

^{xvi} Coronado GD, Green BB, West II, Schwartz MR, Coury JK, Vollmer WM, Shapiro JA, Petrik AF, Baldwin LM, Direct-to-member mailed colorectal cancer screening outreach for Medicaid and Medicare enrollees: Implementation and effectiveness outcomes from the BeneFIT study. Cancer. 2020 Feb 1; 126(3):540-548. PMC7004121. <https://www.ncbi.nlm.nih.gov/pubmed/31658375>.

^{xvii} The Robert C. Bree Collaborative, Colorectal Cancer. <http://www.breecollaborative.org/topic-areas/current-topics/colorectal-cancer/>.

^{xviii} This information is provided by the Washington State Health Care Authority.

^{xix} WA State GDP data are from the U.S. Bureau of Economic Analysis. Medicaid expenditures and eligible member data are from February 2019 Health Care Authority Per Capita Expenditure Forecast, CMS 64, and Agency Financial Reporting System data. Medicaid Expenditures include medical, dental, vision, pharmacy, long-term support services, mental health, and substance use disorder expenditures; and excludes Medicare Part D Co-Pay/Clawback and Medicare Part A/B Premiums. PEBB data for calendar year 2013 are from Milliman PFFM 8.0 (10/15/2015); data for calendar years 2014-2015 is from Milliman PFFM 3.0 (5/11/2016); data for calendar year 2016 is from Milliman PFFM 6.0, (02/14/2017), Exhibit 4a; data for calendar year 2017 is from Milliman PFFM 2.0 (02/09/2018); Exhibit 4a; data for calendar year 2018 is from Milliman PFFM 7.0 (05/29/2019), Exhibit 4a. Non-Medicare PEBB expenditures include medical, dental and vision; excludes life insurance and long-term disability.

HOW TO CONTACT US

Please direct questions about the Washington Health Alliance or the Community Checkup to:

Nancy Giunto

Executive Director

Washington Health Alliance

Phone: 206.454.2951

Email: ngiunto@wahealthalliance.org

Karen Johnson

Director of Performance Improvement and Innovation

Washington Health Alliance

Phone: 206.454.2956

Email: kjohnson@wahealthalliance.org

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 180 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/.

The Community Checkup report and all results produced and prepared by the Washington Health Alliance (Alliance) are considered proprietary and the intellectual property of the Alliance. All rights are reserved. No part of the Alliance's results may be reproduced for public or private reporting, distributed or transmitted in any form or by any means without the prior written permission of the Alliance.

Many of the results in the Community Checkup report are prepared by the Alliance, based on our analysis of a significant amount of data, reflecting care provided to approximately 4 million residents in our state. These results were calculated based on measures that have been developed and finalized based on the judgment of many health care stakeholders and technical experts. Others who use their own technical processes to apply the same or similar measures to their own data may reach different conclusions than the results in this report and on the Community Checkup website. Results in this report also include those provided by other organizations, including the Washington State Hospital Association, the

Washington State Department of Health, the Washington State Department of Social and Health Services, the Washington State Health Care Authority, and the National Committee on Quality Assurance. These results were calculated by groups other than the Alliance, also using the judgment of technical experts, so the same cautions apply. Medical science changes constantly and health care quality performance measurement is continually evolving. Therefore, the Alliance does not warrant that the information in the Community Checkup report or in other results produced and prepared by the Alliance is complete, accurate, and current or that it will be suitable for your specific needs.

In addition, the Alliance does not provide medical advice and our results are not a substitute for medical advice, diagnosis or treatment. Never dismiss or delay seeking medical advice or treatment because of information in the Community Checkup or any of the other Alliance reports.



The Community Checkup is produced by the Washington Health Alliance.

Community Checkup report:
www.WACommunityCheckup.org

More about the Alliance:
www.WAHealthAlliance.org