



2021 Community Checkup Report

www.WACommunityCheckup.org



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A Letter to the Community from the Washington Health Alliance

March 2021

Dear Community Member:

It has been a year since the COVID-19 pandemic took hold and Washington has now passed a tragic milestone: 5,000 people have died since the start. Even though vaccines have been approved and are being distributed, the pandemic is far from over. In addition to facing challenges with limited vaccine supply and distribution channels, now we are seeing an increase in new variants. It's clear that we're still in rough waters and the course to normalcy is not yet charted. It is amid these demanding circumstances that we affirm our commitment to provide transparency in quality, cost, and value to improve Washington state's health care system and release the 15th *Community Checkup* report.

Since the creation of the Washington Health Alliance (Alliance) 17 years ago, we have held firm to our mission of building a strong alliance among patients, health care professionals, hospitals, purchasers, health plans, and others to "promote health and improve the quality and affordability by reducing overuse, underuse, and misuse of health care services." With these aims in mind, we issue this comprehensive review of medical claims data, including the complete statewide Common Measure Set first created by legislative mandate in 2014 to measure our progress toward achieving healthier outcomes for all residents in Washington. These results include medical claims for 1,869 clinics, 322 medical groups, 105 hospitals, and 16 health plans for about 4 million people between January 1, 2019 and December 31, 2019.

This release also includes several special features:

- expanded details on Quality Composite Score results for clinics, medical groups, counties, and Accountable Communities of Health,
- a review of an important preventive care measure that has implications for patients with diabetes,
- a look at how we are doing with opioid prescribing statewide, and
- guidance to help health care professionals, purchasers, plans, and brokers use the *Community Checkup* to make practical changes that can positively affect the quality of health care across our state.

While important, the *Community Checkup* is only one aspect of our work. The Alliance is fortunate to have an engaged membership with dozens of active committee members, and a deeply committed Board of Directors all working together to support the vision that Washington state hospitals, medical groups, and clinics achieve their stated goal of top 10% in performance nationally in the delivery of quality, evidence-based care. This is an aspirational goal that Alliance members continue to hold. As you will see in this report, there is still much opportunity for improvement. We're encouraged by the performance of some health care professionals in this report who not only meet but also exceed that goal—and appreciate the efforts by others to join them.

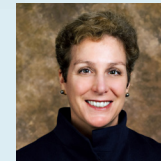
I offer deep gratitude to the members who entrust us with their data, the many national and state organizations that provide us with the information to make this report happen, and all of the individuals and organizations that support our work.

You make everything we do possible.

All the best,



Nancy A. Giunto
Executive Director
Washington
Health Alliance



Comparing Washington State With National Benchmarks

MEASURING THE QUALITY OF HEALTH CARE ACROSS WASHINGTON

The *Community Checkup* measures the quality of health care delivered across Washington state and compares metrics related to performance nationally using the Healthcare Effectiveness Data and Information Set (HEDIS) reported by the National Committee for Quality Assurance (NCQA).ⁱ

HEDIS is a comprehensive standardized performance measurement process that is widely accepted as an industry standard. National benchmarks are based on health care delivered to approximately 191 million people enrolled in commercial and Medicaid plans across the country and is used by more than 90% of health plans to measure and report performance to purchasers and consumers. Comparing Washington state's results with the national HEDIS results allows us to track progress toward the shared goal of providing care in the top 10% of performance nationally.

The figures summarize how well Washington state results compare with national benchmarks as follows:

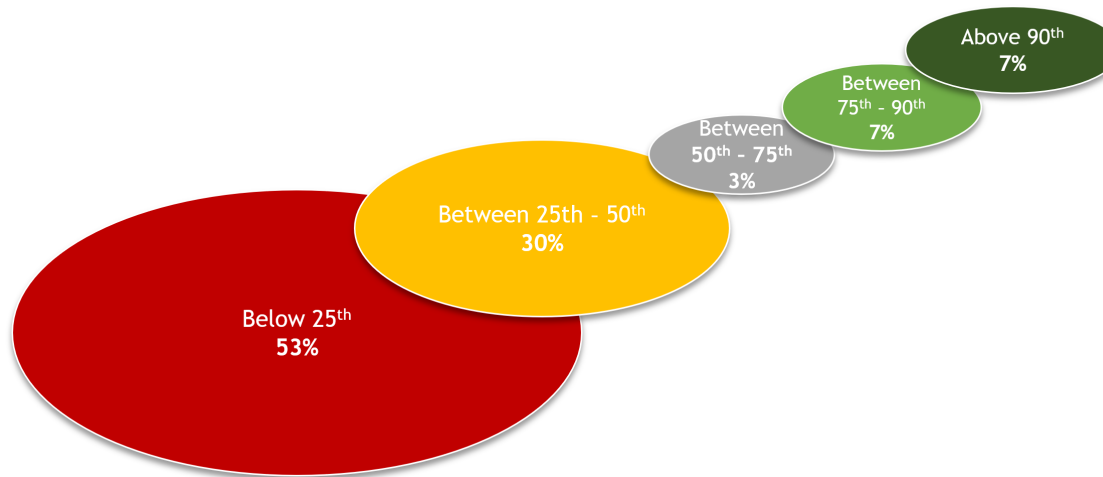
- at or above the national 90th percentile in dark green,
- between the 75th and 90th percentile in light green,
- between the 50th and 75th percentile in gray,
- between 25th and 50th percentile in yellow, and
- below the 25th percentile in red.ⁱⁱ



The results we are sharing in this report are fairly consistent with past reports. More than three quarters of the measures in Washington state are below the national 50th percentile: 83% for the commercially insured and 85% for the Medicaid-insured. For both populations, Washington state performed above the national 90th percentile on only one measure: avoiding antibiotics for adults with acute bronchitis. The commercially insured also ranked above the national 90th percentile for avoiding antibiotics for children with an upper respiratory infection.

Figure 1: Summary of Washington State Performance Compared With NCQA HEDIS National Benchmarks

a. Commercial



b. Medicaid

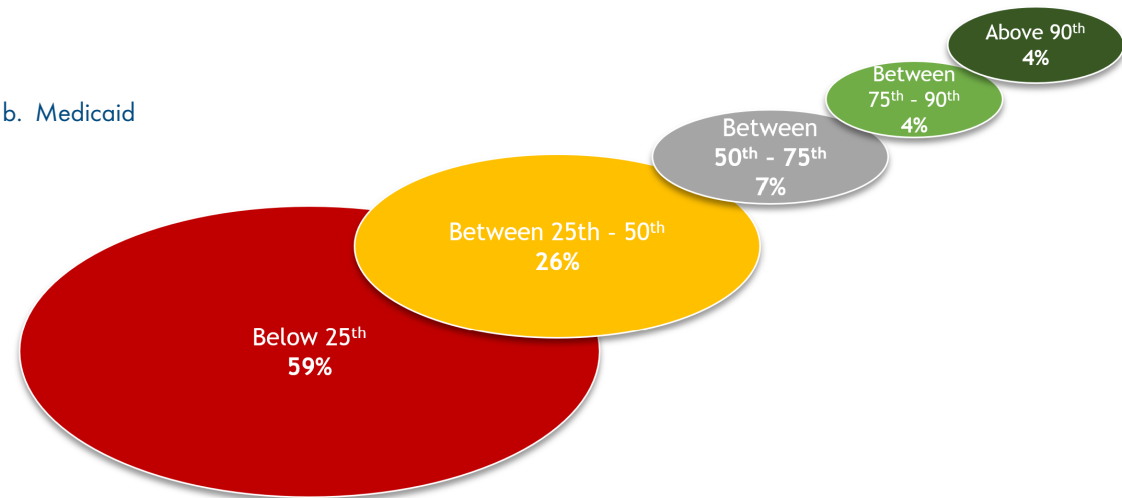


Figure 2(a): Washington State Performance Compared With NCQA HEDIS National Benchmarks (Commercial)

Benchmarks	Measure	State Average	National 90th Percentile
Above 90th National Percentile	Avoiding antibiotics for adults with acute bronchitis	58%	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	64%	68%
Between 50th - 75th	Hospital readmissions within 30 days	67%	58%
Between 25th - 50th	Access to primary care (ages 12-24 months)	97%	99%
	Access to primary care (ages 7-11 years)	91%	97%
	Access to primary care (ages 12-19 years)	90%	96%
	Breast cancer screening	69%	79%
	Colon cancer screening	60%	74%
	Follow-up care for children prescribed ADHD medication (30 days)	39%	50%
	Kidney disease screening for people with diabetes	88%	93%
	Statin therapy for patients with cardiovascular disease	79%	87%
	Staying on antidepressant medication (12 weeks)	67%	77%
Below 25th	Access to primary care (ages 2-6 years)	88%	96%
	Access to primary care (ages 20-44 years)	88%	95%
	Access to primary care (ages 45-64 years)	94%	97%
	Access to primary care (ages 65+ years)	96%	98%
	Adolescent well-care visits	39%	65%
	Appropriate testing for children with sore throat	83%	94%
	Asthma medication ratio	72%	86%
	Blood sugar (HbA1c) testing for people with diabetes	83%	94%
	Cervical cancer screening	67%	82%
	Chlamydia screening	38%	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	33%	50%
	Staying on antidepressant medication (6 months)	47%	62%
	Well-child visits (ages 3-6 years)	72%	89%
	Well-child visits (in the first 15 months)	68%	90%

Figure 2(b): Washington State Performance Compared With NCQA HEDIS National Benchmarks (Medicaid)

Benchm arks	Measure	State Average	National 90th Percentile
Above 90th National Percentile	Avoiding antibiotics for adults with acute bronchitis	54%	49%
Between 75th - 90th	Avoiding antibiotics for children with upper respiratory infection	96%	97%
Between 50th - 75th	Avoiding X-ray, MRI and CT scan for low-back pain	73%	80%
	Statin therapy for patients with cardiovascular disease	80%	84%
Between 25th - 50th	Access to primary care (ages 12-24 months)	94%	98%
	Access to primary care (ages 20-44 years)	73%	85%
	Appropriate testing for children with sore throat	78%	91%
	Kidney disease screening for people with diabetes	89%	93%
	Spirometry testing to assess and diagnose COPD	26%	41%
	Staying on antidepressant medication (12 weeks)	52%	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)	86%	96%
	Access to primary care (ages 12-19 years)	86%	95%
	Access to primary care (ages 45-64 years)	78%	91%
	Adolescent well-care visits	37%	68%
	Asthma medication ratio	53%	72%
	Blood sugar (HbA1c) testing for people with diabetes	84%	93%
	Breast cancer screening	51%	69%
	Cervical cancer screening	53%	72%
	Chlamydia screening	49%	72%
	Eye exam for people with diabetes	46%	70%
	Follow-up care for children prescribed ADHD medication (30 days)	32%	57%
	Follow-up care for children prescribed ADHD medication (9 months)	37%	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)	50%	73%

Community Checkup Spotlight: Eye Exams for People With Diabetes

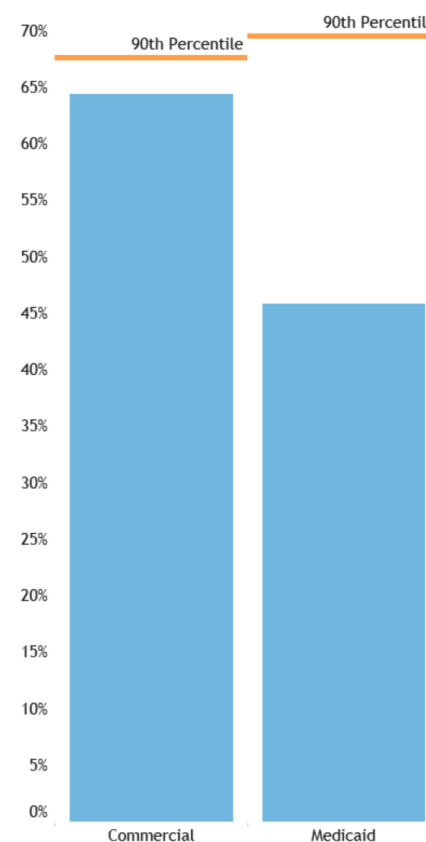
QUALITY VARIES BETWEEN COMMERCIAL AND MEDICAID POPULATIONS

The Alliance brings together those who get, give, and pay for health care to create a high quality, affordable system for all people of Washington state. This is a shared aim across all of our stakeholders. The *Community Checkup* illuminates the significant differences that can occur in the quality of care across the state. The differences highlighted by the *Community Checkup* at the medical group, clinic, or geographic level provide an opportunity to identify high and low performers for the purpose of informing those organizations and encouraging improvement. Many of the Alliance member groups, such as the Quality Improvement Committee, which is made up of senior clinical leaders from medical groups, hospitals, and health plans, are places where these stakeholders come together to critically assess results and share ideas about how to improve care for all.

One example of this is the measure that tracks the degree to which diabetic patients are receiving recommended eye exams.ⁱⁱⁱ Individuals with Type 1 or Type 2 diabetes are more prone to disorders of the eye that can become quite serious, and even lead to blindness, if not identified and treated early.^{iv} The *Community Checkup* results help us to understand that there continues to be a significant improvement opportunity for all, but the degree of improvement needed between the commercial and Medicaid populations reveals somewhat surprising differences between these two populations.

The national benchmark for eye exams for people with diabetes is higher for the Medicaid-insured population (70%) than for the commercially insured population (68%). However, in Washington state, the rate for Medicaid is only 46%, significantly lower than the commercially insured rate of 64%, and well below national benchmarks. This translates into thousands of people each year who are not getting this important diagnostic service that can help prevent blindness.

Figure 3: Eye Exams for People with Diabetes 90th Percentile, Commercial, and Medicaid



The degree of variation and the opportunities for improvement are also evident when comparing results across providers. The *Community Checkup's Highlight on Variation in Health Care Quality* shows that there is wide variation in the number of people with diabetes who get this important service when comparing across medical groups and clinics.^v

While many health care professionals are well below the state average, the table shows some not only exceed the national 90th percentile benchmark of 70%, they reach as high as 99%. This degree of variation reported in the *Community Checkup* marks the starting point for the kind of collective improvement opportunity the Alliance and its members are focused on.

Figure 4: Highest Rated Performers, Eye Exams for People with Diabetes (Medicaid)

a. Medical Groups

Organization	Rate
Pacific Medical Centers	97%
Columbia Medical Associates	89%
The Vancouver Clinic *	89%
Confluence Health–Central Washington Hospital & Clinics	85%
Ear, Nose and Throat Clinic of the Northwest *	85%

b. Clinics

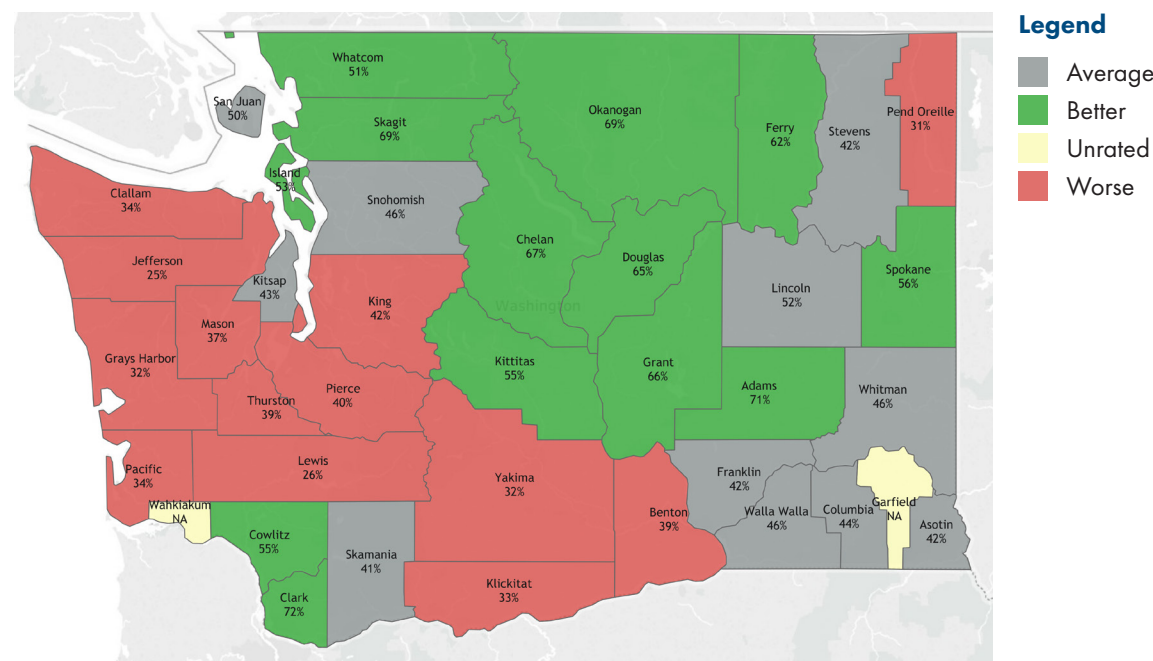
Organization	Rate
Pacific Medical Center–Canyon Park	99%
Pacific Medical Center–First Hill	99%
Pacific Medical Center–Northgate	99%
Pacific Medical Center–Renton	98%
Pacific Medical Center–Beacon Hill	97%

An * indicates that more than 50% of patients have Medicaid coverage.

Identical results are reported alphabetically.

The wide variation continues across Washington state’s counties for the rate of people with Medicaid who have diabetes and get an eye exam. We see averages ranging from as low as 25% to as high as 72%, 2 points higher than the goal of the national 90th percentile. This is clearly an opportunity for stakeholders to come together to share best practices and improve care for all across the state.

Figure 5: County Results for Eye Exams for People With Diabetes (Medicaid)



To see variation on a wide range of measures by clinic, medical group, and county, go to www.WACommunityCheckup.org/Highlights and click on Variation in Health Care Quality.

Medical Group Performance Ranking

MEASURING RELATIVE PERFORMANCE

The Quality Composite Score uses the results for a subset of *Community Checkup* measures (up to 29 in total) considered to be indicators of strong primary care delivery. All of the underlying measures are also reported independently in the *Community Checkup*. The principal objective of the composite score is to compare relative performance in primary care services across the state using a standardized measure. The Quality Composite Score is available for comparison across clinics, medical groups, counties, and Accountable Communities of Health (ACHs).



Additional information on the Quality Composite Score, including its background and comprehensive results on each measure, is available at www.WACommunityCheckup.org/Highlights/.

The composite measure is comprised of four different domains:

- **Prevention and Screening** looks at the degree to which individuals are receiving recommended services on a timely basis, such as well-child visits; adolescent well-care visits; screenings for chlamydia; and screenings for breast, cervical, and colorectal cancers.
- **Care for Chronic Diseases** considers whether conditions such as diabetes, high cholesterol, depression, and hypertension are well-managed.
- **Coordinated, Cost-Effective Care** evaluates whether care avoids costly inpatient readmissions and potentially unnecessary emergency department visits.
- **Appropriate, Cost-Effective Care** examines a variety of measures associated with using evidence-based treatment options such as prescribing generic medications; avoiding the inappropriate use of antibiotics; and avoiding unnecessary X-rays, MRIs, and CT scans for specific types of low-back pain.

In this *Community Checkup*, the results for medical groups across the state are reported.

Congratulations to these medical groups for their Quality Composite Score ranking!

Commercial

- The Polyclinic
- Kaiser Permanente Washington
- Virginia Mason Medical Center
- University of Washington Medical Center
- Association of University Physicians, DBA UW Physicians

Medicaid

- International Community Health Services
- Yakima Valley Farm Workers Clinic
- Columbia Medical Associates
- University of Washington Medical Center
- Family Care Network



Figure 6: Quality Composite Score Composition

Prevention and Screening	Coordinated, Cost-Effective Care
Breast cancer screening	Potentially avoidable ER visits
Cervical cancer screening	Hospital readmissions within 30 days
Colon cancer screening	
Chlamydia screening	
Adolescent well-care visits	
Well-child visits (in the first 15 months)	
Well-child visits (ages 3-6 years)	
Chronic Disease Care	Appropriate, Cost-Effective Care
Follow up for children prescribed ADHD medication (30 days)	Avoiding antibiotics for adults with acute bronchitis
Follow up for children prescribed ADHD medication (9 months)	Appropriate testing for children with sore throat
Staying on antidepressant medication (12 weeks)	ADHD medication generic prescriptions
Staying on antidepressant medication (6 months)	Stomach acid medication generic prescriptions
Asthma medication ratio	Antidepressant medication generic prescriptions
Eye exam for people with diabetes	Avoiding X-rays, MRIs and CT scans for low-back pain
Blood sugar (HbA1c) testing for people with diabetes	Avoiding antibiotics for children with upper respiratory infection
Kidney disease screening for people with diabetes	
Taking diabetes medication as directed	
Monitoring patients on high blood pressure medication	
Taking hypertension medications as directed	
Taking cholesterol-lowering medications as directed	
Statin therapy for patients with cardiovascular disease	

Figure 7(a): Performance Ranking for Medical Groups (Commercial)

Medical Group	Composite Percentile	Composite Score
The Polyclinic	85.19%	1.045
Kaiser Permanente Washington	82.18%	0.922
Virginia Mason Medical Center	81.21%	0.886
University of Washington Medical Center	79.33%	0.818
Association of University Physicians, DBA UW Physicians	74.67%	0.664
Pacific Medical Centers	73.07%	0.615
Cancer Care Northwest	71.73%	0.575
Swedish Medical Group	68.96%	0.495
Southlake Clinic	67.40%	0.451
The Everett Clinic	66.80%	0.434
Columbia Medical Associates	66.15%	0.417
Overlake Medical Clinics	64.95%	0.384
Family Care Network	63.86%	0.355
Harborview Medical Center*	63.83%	0.354
Memorial Physicians, PLLC	63.81%	0.353
Providence Medical Group - Southwest	62.98%	0.331
Providence Medical Group- Southeast	62.84%	0.328
Providence Medical Group - Spokane*	62.41%	0.316
UW Medicine - Valley Medical Group	62.38%	0.315
Confluence Health Wenatchee Valley Hospital and Clinics	61.84%	0.301

READING THE TABLE

The **composite score** is a weighted average of the results from the four domains. A composite score of 0 indicates that the medical group's performance is the same as the state average. A positive score indicates overall performance above the state average, while a negative score indicates overall performance below the state average. Note that within the composite score, there are likely to be both high and low performance measures.

The **composite percentile** ranges between 0 and 100% and represents the distribution of the composite scores and reports on each medical group's performance relative to all others. For example, a medical group at the 85th percentile means we estimate its performance would exceed 85% of all other medical groups.

The **rank order** is based on the composite percentile with performance color coded green for better, gray for average, and red for worse.

Due to population differences, rankings are reported separately for the commercially and Medicaid-insured.

An * indicates that more than 50% of patients from that medical group have Medicaid coverage.

Figure 7(a): Performance Ranking for Medical Groups (Commercial)

Medical Group	Composite Percentile	Composite Score
MultiCare Rockwood Clinic	61.55%	0.294
PeaceHealth Medical Group*	61.26%	0.286
CHI Franciscan Medical Group*	60.31%	0.261
Pioneer Family Practice, PLLC	60.06%	0.255
Totem Lake Family Medicine	57.58%	0.191
Northwest Physicians Network	56.31%	0.159
MultiCare Health System	55.75%	0.145
Skagit Regional Health*	55.29%	0.133
EvergreenHealth Medical Group	55.27%	0.132
Providence Physicians Group	53.30%	0.083
Western Washington Medical Group	52.64%	0.066
Sound Family Medicine	51.96%	0.049
Kadlec Clinic	49.31%	-0.017
Tumwater Family Practice Clinic	46.47%	-0.089
Yakima Valley Farm Workers Clinic*	38.85%	-0.283
Neighborcare Health*	35.62%	-0.369
Whitman Medical Group	34.56%	-0.397
RCCH TRIOS HEALTH LLC*	34.27%	-0.405
Sea Mar Community Health Centers*	30.46%	-0.511

Figure 7(b): Performance Ranking for Medical Groups (Medicaid)

Medical Group	Composite Percentile	Composite Score
International Community Health Services*	82.91%	0.950
Yakima Valley Farm Workers Clinic*	80.00%	0.842
Columbia Medical Associates	75.99%	0.706
University of Washington Medical Center	75.55%	0.692
Family Care Network	75.02%	0.675
Harborview Medical Center*	75.01%	0.675
Confluence Health Wenatchee Valley Hospital and Clinics	72.81%	0.607
CHI Franciscan Medical Group*	72.66%	0.602
Association of University Physicians, DBA UW Physicians	72.63%	0.602
Virginia Mason Medical Center	72.50%	0.598
Northwest Physicians Network	71.98%	0.582
MultiCare Rockwood Clinic	71.47%	0.567
Swedish Medical Group	70.96%	0.552
PeaceHealth Medical Group*	69.02%	0.496
Kaiser Permanente Washington	68.26%	0.475
The Everett Clinic	67.76%	0.461
Providence Medical Group - Spokane*	67.52%	0.454
UW Medicine - Valley Medical Group	67.40%	0.451

Figure 7(b): Performance Ranking for Medical Groups (Medicaid)

Medical Group	Composite Percentile	Composite Score
Providence Physicians Group	64.98%	0.385
The Vancouver Clinic*	64.59%	0.374
MultiCare Health System	64.54%	0.373
Country Doctor Community Health Centers*	62.39%	0.316
Kadlec Clinic	61.68%	0.297
Neighborcare Health*	60.19%	0.258
Moses Lake Community Health Center*	59.55%	0.242
Peninsula Community Health Services*	59.30%	0.235
Pediatrics Northwest, P.S.*	59.06%	0.229
Community Health Association of Spokane*	59.05%	0.229
Sea Mar Community Health Centers*	56.34%	0.159
Unity Care Northwest*	54.82%	0.121
HealthPoint*	54.53%	0.114
Mason General Hospital & Family of Clinics*	52.25%	0.056
Community Health Care*	51.86%	0.047
Skagit Regional Health*	47.36%	-0.066
Community Health Center of Snohomish County*	43.98%	-0.151
RCCH TRIOS HEALTH LLC*	39.63%	-0.263

Opioids in Washington State: Some Positive Trends

REDUCING THE RATE OF OPIOID PRESCRIBING

Long considered a public health crisis, opioid misuse and abuse has devastated lives, affected communities, and overwhelmed law enforcement, health care, and social service providers. Opioids such as morphine, hydrocodone, oxycodone, and fentanyl cause more unintentional deaths due to overdose in Washington state than motor vehicle accidents or firearm fatalities.^{vi} Despite efforts to reduce the number of opioid-related deaths, current data show that opioid addiction still causes the deaths of two people each day in Washington state on average.^{vii}

As a state, we have led the nation with the first comprehensive statewide effort to address the opioid crisis. To reduce the rate of opioid prescribing, the Washington State Agency Medical Directors' Group, in partnership with academics, practicing surgeons, pain experts, and other organizations, provides guidance, opioid dose and taper calculators, educational videos, free continuing medical education credits, and other resources for health care professionals to reduce the rate of opioid prescribing.^{viii} The Prescription Monitoring Program (PMP) requires prescribers to register and report on their opioid prescribing practices.^{ix}

The Washington State Opioid Response Plan brings together state agencies, local health departments, professional groups, and community organizations to work collaboratively on four priorities:

- preventing opioid misuse and abuse;
- identifying and treating opioid use and disorder;
- reducing morbidity and mortality from opioid use disorder; and
- using data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.^x

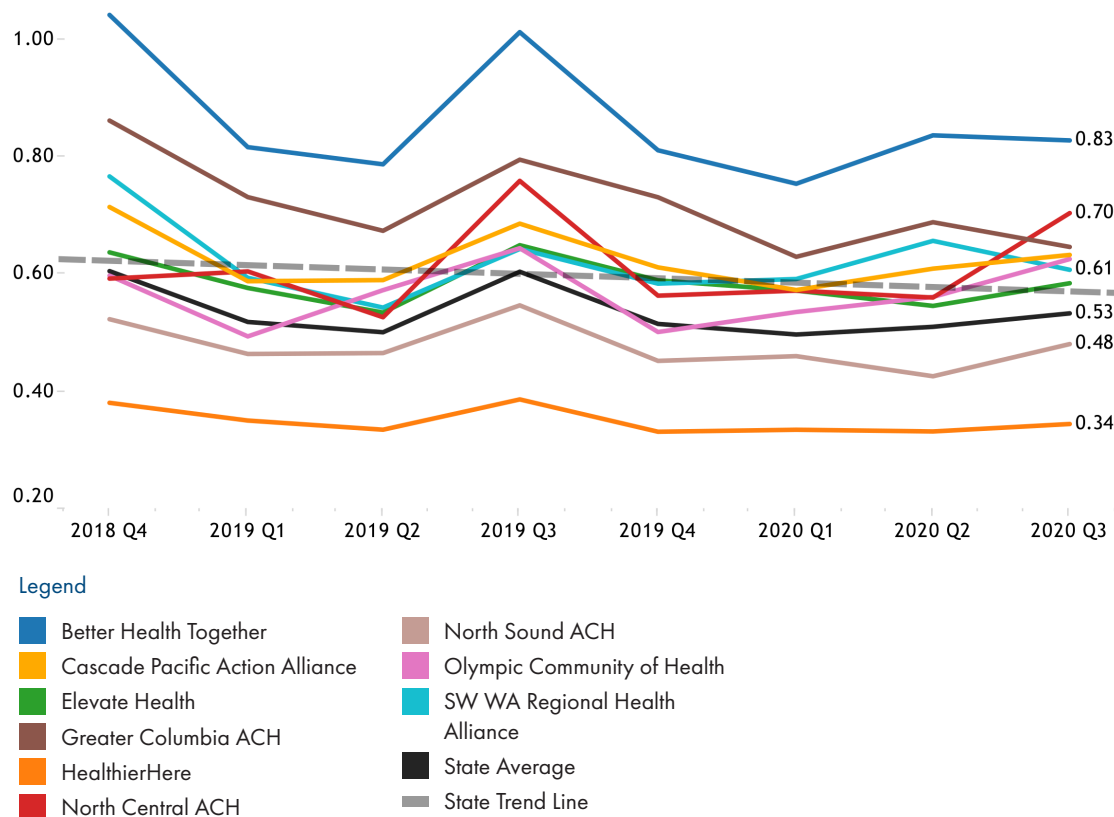
As part of the last goal, the Washington State Department of Health issues regular reports on opioid use.^{xi} In this *Community Checkup*, we use three metrics using data from the PMP for counties and Accountable Communities of Health (ACHs) regarding:

- the number of new patients with their first opioid prescription by the number of days (3, 4–7, 8–13, ≥14);
- patients prescribed high doses (>50 MME/day and >90 MME/day); and
- patients transitioning to chronic opioid use, defined as >60-day supply.^{xii}



As the graph illustrates, from Q4 2018 to Q3 2020, the average statewide rate for patients transitioning to chronic opioids (more than a 60-day supply) went from 0.61 to 0.53 per 1,000. Performance among ACHs was similar with most showing a reduction. The exceptions were North Central ACH, which increased from 0.59 to 0.70 per 1,000, and Olympic Community of Health, which increased from 0.60 to 0.63 per 1,000. The ACH with the greatest reduction during this timeframe was Better Health Together, which decreased from 1.04 to 0.83 per 1,000.

Figure 8. Opioid Use in Washington State, Accountable Communities of Health, New Opioid Patients Transitioning to Chronic Opioids (>60 days)



What the Alliance is Doing to Address Opioids

Approximately 4 million people in Washington state receive health care from the organizations represented on the Alliance's Board of Directors. Working cooperatively, Board members are focusing attention on reducing inappropriate opioid prescribing in two situations when many people are first introduced to opioids: acute low-back and dental pain. This builds on the significant efforts invested in addressing opioid misuse and abuse by many across the state, including the Dr. Robert Bree Collaborative.^{xiii}

By coordinating their efforts with other national and Washington state organizations, the Board organizations are working hard to ensure a noticeable improvement across their populations.



To see more results, go to www.WACommunityCheckup.org/Highlights and click on Opioid Prescribing Practices.

Striving to Improve Health Care: Ways You Can Act and How This Report Can Help

PUTTING COMMUNITY CHECKUP RESULTS INTO ACTION

The *Community Checkup* provides extensive information on health care quality and can be used by plans, health care professionals, and purchasers including employers and union trusts, and their advisors, to improve the delivery of health care in Washington state. Here are some ideas for how it can be used.



IF YOU ARE A HEALTH INSURANCE PLAN...

- Use the Quality Composite Scores to understand relative differences in quality across the state at the following levels: clinics, medical groups, counties, and ACHs.^{xiv} This can be an important tool that can inform your decisions regarding network composition and areas of potential focus for collaborative improvement efforts.
- See how well your plan rates when it comes to important measures such as primary care and access to care and consider expanding member networks or supporting alternative access to care, such as telehealth options, to ensure more members are getting the health care they need when they need it.^{xv}
- Examine how well adults and children who are diagnosed with a mental health need are getting mental health services^{xvi} and expand access or benefit options to improve health outcomes and increase the quality of life for themselves, their families, and their communities.
- See how well your plan provides follow-up care within 7 days after visits to the emergency department for alcohol or other substance abuse and compare that rate to 30 days.^{xvii} Consider how you can work with those providers to help those members achieve better long-term health.

The Alliance's analysis enables the Association of Washington Cities Employee Benefit Trust to have a clearer understanding of the care that our members and their families are getting and helps inform our decisions on how we can improve it. Using Community Checkup results, we focused on preventive care and are seeing an increase in the number of people getting information about their benefits and accessing these important services. We also expanded our behavioral health benefits and now our members have more access than ever before.

– Beverly Lakey, CEBS, Employee Benefit Trust Manager, Association of Washington Cities



IF YOU ARE A HEALTH CARE PROFESSIONAL...

- Review the Quality Composite Score domain results to see how your care compares in each domain (prevention and screening; chronic disease care; coordinated, cost-effective care; and appropriate, cost-effective care)^{xviii} and implement best practices across your group to target the areas that need the most improvement. Participate in collaborative improvement efforts through the Alliance and groups such as WA State Medical or Nurses Associations, WA Academy of Family Physicians, among others.
- Consider not only how you are addressing high-value care but also how you are addressing low-value care, such as avoiding unnecessary X-rays, MRIs, and CT scans for low-back pain,^{xix} that can often lead to other treatments that are considered unnecessary or wasteful and could result in emotional, physical, and financial harm to your patients.



IF YOU ARE A HEALTH CARE PURCHASER...

If you are a health care employer, union trust, or you advise purchasers about health care services, you wield tremendous market power. There are a variety of ways the *Community Checkup* can support your efforts to make the highest value purchasing decisions on behalf of your organization.

- Consider contracting with plans that have better performance and ensure your networks include high performing hospitals, medical groups, and clinics.^{xx}
- Offer assistance to help your members navigate all of the different *Community Checkup* resources to locate high quality providers in their communities by using the Find Quality Care tool (located in the middle of the home page—click on the Get Started button).^{xxi}
- Evaluate the scores for following medication regimens (e.g., diabetes, cholesterol-lowering, and hypertension medications),^{xxii} work with pharmacy benefit managers to remove financial obstacles to those medications, and explore apps or other resources to improve compliance.
- Understand your population's health care needs. For people with diabetes, for example, investigate the scores for your health plans for kidney disease screening, blood sugar (HbA1c) testing, and eye exams.^{xxiii}

The Alliance's information is great in terms of informing us on how we're doing with respect to preventive and chronic care measures, such as which medical groups, provider groups, and health plans are better at coordinating the care received by our employees and their families. The Alliance's reports give us confidence in our purchasing and communications strategies, which emphasize the importance of having a primary care provider in a coordinated system of care. We've done extensive communications with our employees using the Alliance's Own Your Health website and other campaigns to spread that message. We've seen a significant increase in the number of our members who have a primary care provider over the past few years and that results in more people accessing those important services.

– Michele Ritala, Benefits Strategic Planner, King County

HOW SYSTEM ALIGNMENT CAN HELP

Well-intended efforts to measure and report on care quality can have unintended consequences by introducing administrative complexity that can detract from a focus on care delivery improvements. But it doesn't have to be that way.

PLANS CAN HELP BY:

Working with other health plans to select a limited number of meaningful measures for improvement.

Working with other health plans to agree on a common mechanism (common data specifications, information exchange systems, etc.,) for measuring quality.

Ensure network providers are sharing information on behalf of your members in a patient-centric manner across your network, regardless of organizational boundaries.

BENEFITS TO HEALTH CARE PROFESSIONALS:

Focus their efforts on care delivery improvements and not on administering quality reporting.

Reduce the administrative burden of measurement and focus resources on care delivery improvements.

Fully informed care delivery at the point of care for all patients.

Health Care Spending in Washington State

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 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 reports 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 (2014-2019).^{xxiv} 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 9: Health Care Spending Relative to the Washington State Gross Domestic Product, 2014-2019 (Current Dollars)

	WA State-Purchased Health Care Annual Spending (Medicaid and PEBB)		WA State Health Care Average Monthly Eligible Members (Medicaid and PEBB)		WA State GDP		State Purchased Health Care Spending as a Percentage of State GDP	
2014	\$9,315,362,455		1,801,946		\$442,201,300,000		2.11 %	
2015	\$10,169,822,206	9% Change	2,002,550	11% Change	\$470,329,300,000	6% Change	2.16%	3% Change
2016	\$11,203,779,829	10% Change	2,068,114	3% Change	\$491,358,200,000	4% Change	2.28%	5% Change
2017	\$12,012,782,916	7% Change	2,077,690	0% Change	\$524,814,600,000	7% Change	2.29%	0% Change
2018	\$12,466,265,652	4% Change	2,043,530	-2% Change	\$565,831,000,000	8% Change	2.20%	-4% Change
2019	\$12,884,935,557	3% Change	2,010,153	-2% Change	\$599,607,700,000	6% Change	2.15%	-2% Change



To see additional information on Medicaid and public employee spending as well as graphs of spending over time, go to www.WACommunityCheckup.org/Highlights/ and select Health Care Spending in Washington State.

Endnotes

ⁱ National Committee for Quality Assurance, HEDIS and Performance Measurement, <https://www.ncqa.org/hedis/>.

ⁱⁱ Washington Health Alliance, *Community Checkup*, 2021 Technical Specifications, <https://www.wacommunitycheckup.org/about/methodology/>.

ⁱⁱⁱ This measure reports on the number of patients ages 18-75 who were diagnosed with Type 1 or Type 2 diabetes and had at least one eye exam during a 2-year period or had evidence of eye disease during the year measured from January 1, 2019, to December 31, 2019. Additional information on this and other measures is available in the *Community Checkup* 2021 Technical Specifications, <https://www.wacommunitycheckup.org/about/methodology/>.

^{iv} American Diabetes Association, Eye Complications, <https://diabetes.org/diabetes/complications/eye-complications>.

^v Washington Health Alliance, *Community Checkup*, 2021 Highlight: Variation in Health Care Quality, <https://www.wacommunitycheckup.org/highlights/>.

^{vi} Washington Governor Jay Inslee, Inslee Launches Executive Order to Combat Opioid Crisis, October 7, 2016, <https://www.governor.wa.gov/news-media/inslee-launches-executive-order-combat-opioid-crisis>.

^{vii} Washington State Department of Health, Opioids, <https://www.doh.wa.gov/CommunityandEnvironment/Opioids>.

^{viii} Washington State Agency Medical Directors' Group, <http://www.agencymeddirectors.wa.gov/default.asp>.

^{ix} Washington State Department of Health, Prescription Monitoring Program, <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP>.

^x Washington State Department of Health, Opioid Misuse and Overdose Prevention, <https://www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/OpioidMisuseandOverdosePrevention>.

^{xi} Washington State Department of Health, Opioid Awareness Dashboards, <https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/OpioidDashboards>.

^{xii} Washington State Department of Health, Opioid Awareness Dashboards, <https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/OpioidDashboards>.

^{xiii} Dr. Robert Bree Collaborative, *Opioid Prescribing Metrics*, July 2017, <https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2018/06/Bree-Opioid-Prescribing-Metrics-Final-2017.pdf>.

^{xiv} Washington Health Alliance, *Community Checkup*, 2021 Highlight: Quality Composite Scores, <https://www.wacommunitycheckup.org/highlights/>.

^{xv} Washington Health Alliance, *Community Checkup*, Scores, Health Plans, <https://www.wacommunitycheckup.org/compare-scores/>.

^{xvi} Washington Health Alliance, *Community Checkup*, Scores, Individual Measures, Mental Health Services for Adults and Mental Health Services for Children, <https://www.wacommunitycheckup.org/compare-scores/>.

^{xvii} Washington Health Alliance, *Community Checkup*, Scores, Individual Measures, Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 Days) and (30 Days), <https://www.wacommunitycheckup.org/compare-scores/>.

^{xviii} Washington Health Alliance, *Community Checkup*, 2021 Highlight: Quality Composite Scores, <https://www.wacommunitycheckup.org/highlights/>.

^{xix} Washington Health Alliance, *Community Checkup*, Scores, Individual Measures, Avoiding X-ray, MRI and CT Scan for Low-Back Pain, <https://www.wacommunitycheckup.org/compare-scores/>.

^{xx} Washington Health Alliance, *Community Checkup*, Scores, Health Plans, <https://www.wacommunitycheckup.org/compare-scores/>.

^{xxi} Washington Health Alliance, *Community Checkup*, <https://www.wacommunitycheckup.org/>.

^{xxii} Washington Health Alliance, *Community Checkup*, Scores, Measures by Category, Managing Medications, <https://www.wacommunitycheckup.org/compare-scores/>.

^{xxiii} Washington Health Alliance, *Community Checkup*, Scores, Measures by Category, Diabetes, <https://www.wacommunitycheckup.org/compare-scores/>.

^{xxiv} This information is provided by the Washington State Health Care Authority. Washington state gross domestic product data are from the U.S. Bureau of Economic Analysis. Medicaid expenditures and eligible member data are from February 2020 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 years 2014-2015 is from Milliman PFPM 3.0 (5/11/2016); data for calendar year 2016 is from Milliman PFPM 6.0, (02/14/2017), Exhibit 4a; data for calendar year 2017 is from Milliman PFPM 2.0 (02/09/2018), Exhibit 4a; data for calendar year 2018 is from Milliman PFPM 7.0 (05/29/2019), Exhibit 4a; data for calendar year 2019 is from Milliman PFPM 3.0 (06/01/2020), Exhibit 4a. Non-Medicare PEBB expenditures include medical, dental and vision; excludes life insurance and long-term disability.

ABOUT THE COMMUNITY CHECKUP

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Results in this *Community Checkup* 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 for Quality Assurance. These results were calculated by groups other than the Alliance, also based on the judgment of technical experts, and therefore 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 any other results produced and prepared by the Alliance is complete, accurate, and current—or that it will be suitable for your specific needs.

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Find out how you can support health system change by visiting www.WAHealthAlliance.org/join-us/ and becoming a member of the Alliance.

ABOUT THE WASHINGTON HEALTH ALLIANCE

The Washington Health Alliance (Alliance) is a 501(c)(3) nonprofit nonpartisan organization working collaboratively to transform Washington state's health care system for the better. The Alliance brings together more than 185 committed member organizations to improve health and health care by offering a forum for critical conversation and aligned efforts by health plans, employers, union trusts, hospitals and hospital systems, health care professionals, start-up companies, consultants, consumers, and other health care partners. The Alliance believes strongly in transparency and offers trusted and credible reporting of progress on health care quality, value, pricing, and overall spending. The Alliance publishes its reports at www.WACommunityCheckup.org and provides guidance for consumers at www.OwnYourHealthWA.org so that individuals can make informed health care decisions.

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