

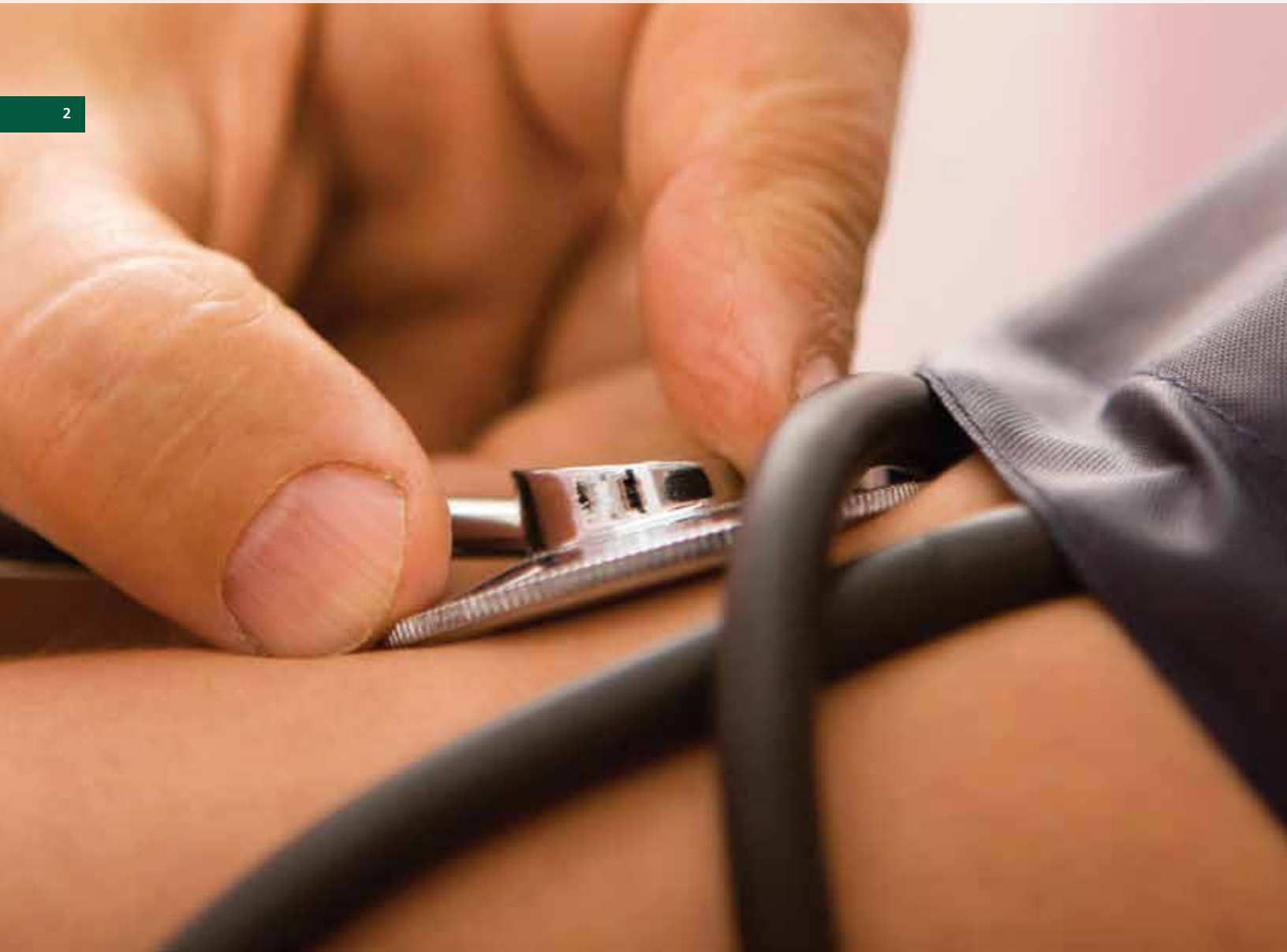


# Comparing Local Health Care in Puget Sound

**2011 Community  
Checkup Overview**

## Taking the Pulse of Health Care in the Puget Sound

As a nonprofit, nonpartisan collaborative, the Puget Sound Health Alliance is a place where those in the region who give, get and pay for health care come together to help drive change in the health care system. Our strategic vision is that by 2015 physicians, other providers and hospitals in the region will achieve the top 10 percent in performance nationally in the delivery of quality, evidence-based care and that there will be a reduction of unwarranted variation, resulting in a significant reduction in medical cost trends. We recognize that this is a bold vision, but we believe that the Alliance community can reach it.



The Community Checkup gives us a strong foundation upon which to build. Understanding variation in care is the first step to addressing the problem. If you can measure it, you can fix it. We believe that “fixing it” involves the cooperation and involvement of everyone—providers, patients, employers, and health plans.

The August 2011 Community Checkup provides a comprehensive overview of health care performance in the Puget Sound region, including medical groups, clinics and hospitals in King, Kitsap, Pierce, Snohomish and Thurston Counties. The 23 measures fall into areas of prevention, chronic disease management, generic substitution and appropriate use of services.

The Community Checkup highlights how often patients in the region receive key elements of proven, effective care at medical groups, clinics and hospitals. The goal: to gauge how well we are doing as a community and to encourage progress toward our goal of being in the top 10 percent of communities nationally. We are confident that by working together patients, health care providers, employers and other purchasers and health plans can achieve better health at a cost more people can afford.

### Common Themes

While each Community Checkup has results unique to the period of time and population that it covers, some common themes have emerged:

- Our region continues to display substantial variation in performance across measures and medical groups, clinics and hospitals. This finding is consistent with national findings on the high level of variation in health care delivery.
- Our region includes individual clinics, medical groups and hospitals that perform among the best in the nation. The high results achieved by these providers in certain clinical areas demonstrate that excellent performance is possible and is happening in our community.
- Because no one provider excels at everything, there are opportunities for improvement in every medical group, clinic and hospital, and opportunities for organizations to learn from high performers by sharing best practices.
- Even in areas where the region exceeds the national 90th percentile, the standard may be so modest that there still remains significant opportunity to improve.

## How to Use the Community Checkup Report

The comprehensive Community Checkup, which includes full details of the report, can be found online. Visit [www.WACommunityCheckup.org](http://www.WACommunityCheckup.org) to see, search and sort all of the results based on your areas of interest, health conditions or geographic location.

The Community Checkup will continue to be improved and expanded over time. In 2012, we expect to include data on patient experience with ambulatory care. We encourage everyone to use the report to learn more about specific health services that are known to be effective and to see that there is variation in how consistently effective care is provided in clinics and hospitals in the region.

A close-up photograph of a dental procedure. A dental professional is using a large, dark-colored dental handpiece on a patient's teeth. The patient's face is partially visible, showing their nose and a small, round, pinkish gemstone earring. The background is blurred, focusing attention on the dental work.

## Key Findings from the 2011 Checkup

The results from the 2011 Community Checkup underscore many of the common themes above. Many patients do receive quality care for their conditions that ranks with the best delivered nationally. Yet in other areas, the region is not providing quality care at a level to meet the Alliance goals. The following is a high-level summary of the results of the 2011 Community Checkup, based upon the combined results from commercially insured patients.

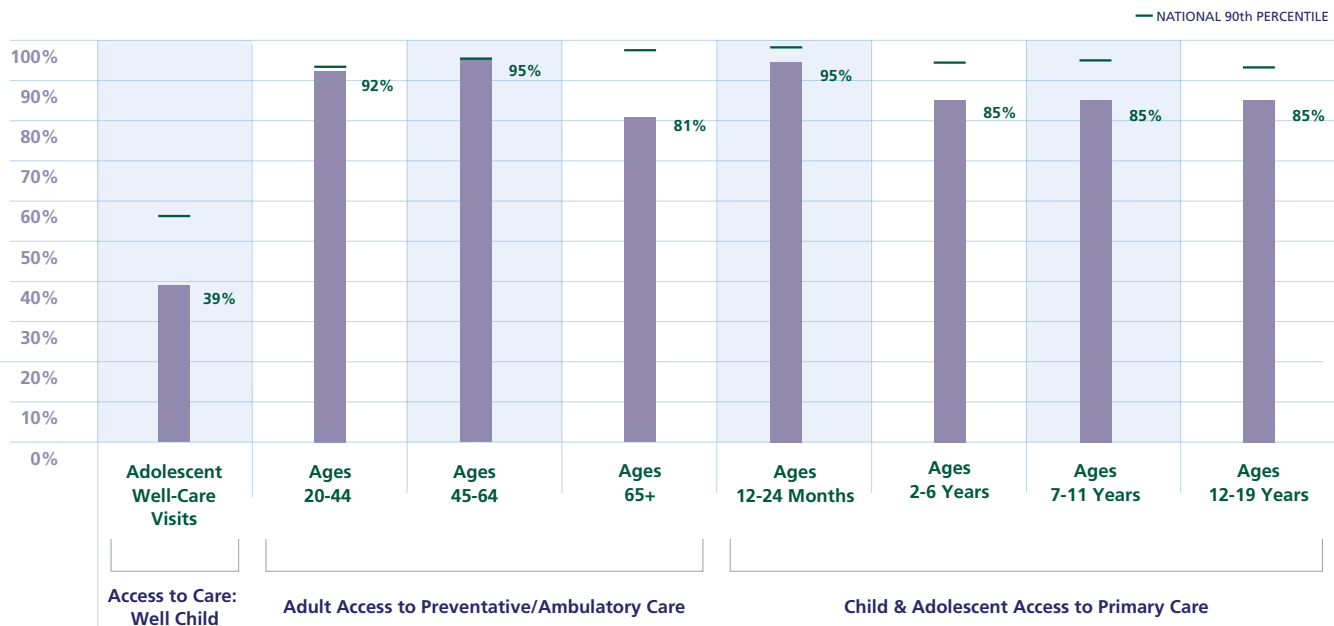
## Access to Care

- Regional performance is below the 50th percentile for most measures
- The new measure on adolescent well-care visits falls shorter of the national benchmark than any other measure in the Community Checkup
- Only the access to care measure for adults ages 45 to 54 reaches the national benchmark

The Access to Preventive Care measures look at the access that adults, children and adolescents have to primary and preventive care services, based on having made a visit to their provider in a specified time period. Selecting and developing a relationship with a primary care physician is an important step in a patient's commitment to health. Patients who have a regular primary care doctor report receiving better quality health care, are more likely to take prescribed medications, follow through on other health care advice and have a better health care experience. For this category of care, the region as a whole falls below the 50th national percentile across all the measures. While many factors may contribute to this low level of performance, there is no question that the region should be looking for ways to improve access to care.



### Access to Care



The percentages denote the regional average for each measure

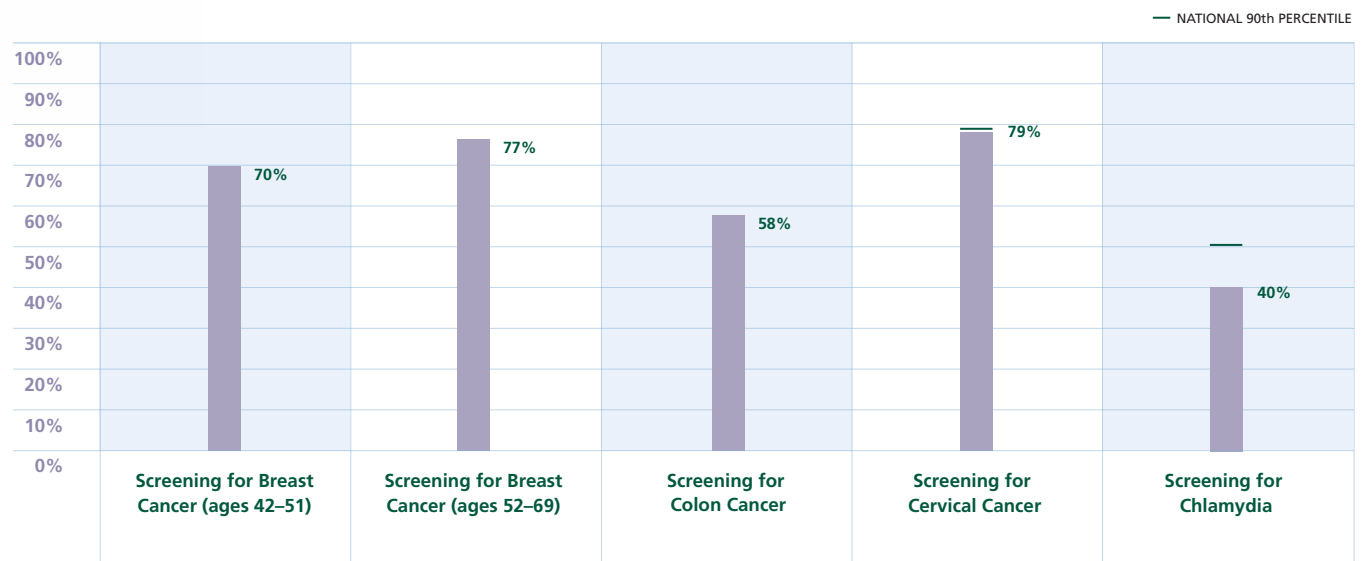
## Preventive Care

- These measures show wide variation among medical groups
- Performance is below the national benchmark for those measures where a benchmark exists
- The Chlamydia screening measure fails to reach an already modest benchmark

Prevention is about taking steps to avoid disease or finding a disease early so it is easier and less costly to treat. The Community Checkup looks at preventive screenings for breast cancer, cervical cancer, Chlamydia and colon cancer. The results show that there is an opportunity for improvement in the level of care delivered regionally. For the two measures where there is a national benchmark—screening for cervical cancer and screening for Chlamydia—the region performs below the 90th percentile, significantly so in the case of Chlamydia screening. The benchmark for Chlamydia screening is relatively low to begin with, at just 51 percent, so the region’s failure to meet even this modest level is a disappointment.



## Preventive Care



The percentages denote the regional average for each measure

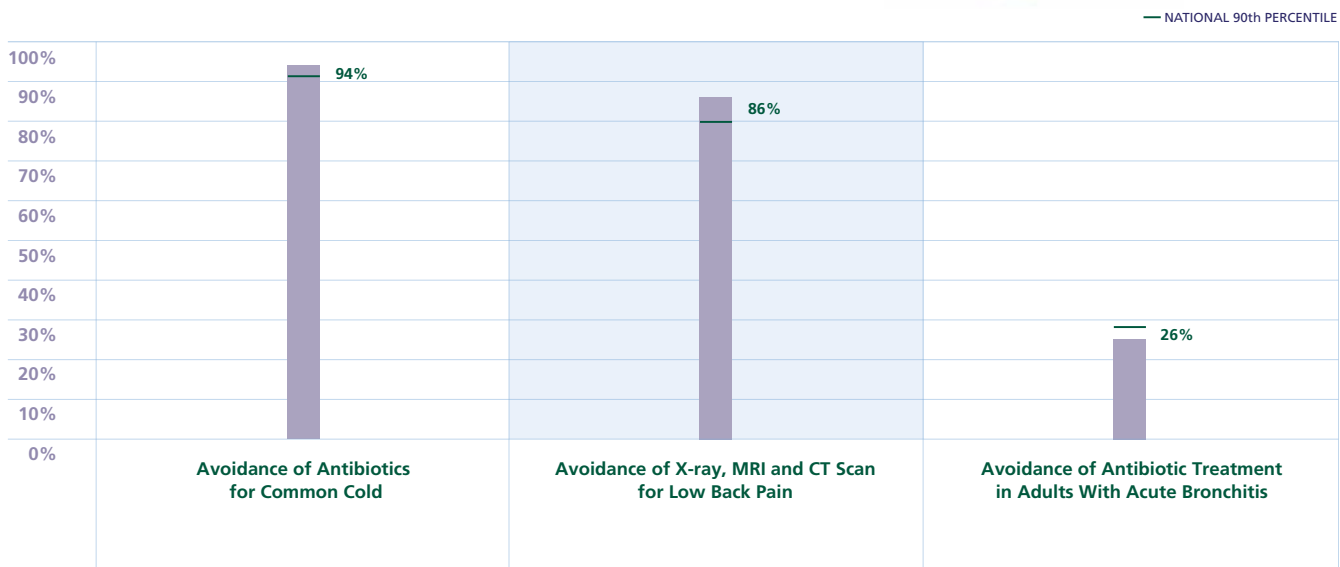
## Appropriate Use of Services

- Performance for the measure on avoidance of antibiotics for colds is above the national benchmark
- The region also does well in avoidance of imaging for low back pain
- Disappointing results for avoidance of antibiotics for adults with acute bronchitis

Despite what many people believe, more care may not always be better care and in fact may cause harm by exposing patients to unnecessary risks or side effects. The Community Checkup includes three measures of appropriate use of services: two assessing unnecessary use of antibiotics and one addressing overuse of imaging services such as X-rays and MRIs for low back pain. This category includes both the lowest and highest regional averages for all measures in this report. As a region, we perform very well in avoiding antibiotics for the common cold and avoiding imaging for low back pain. By contrast, the region does not reach the 90th percentile benchmark for avoidance of antibiotic treatment in adults with acute bronchitis even though the benchmark is remarkably low: only 29 percent. In fact, the bronchitis measure represents the lowest regional average out of all the measures in the Community Checkup. This translated into more than 12,500 consumers in our database who received prescriptions for medication that did not improve their condition and that only served to add unnecessary cost to their care.



### Appropriate Use of Services



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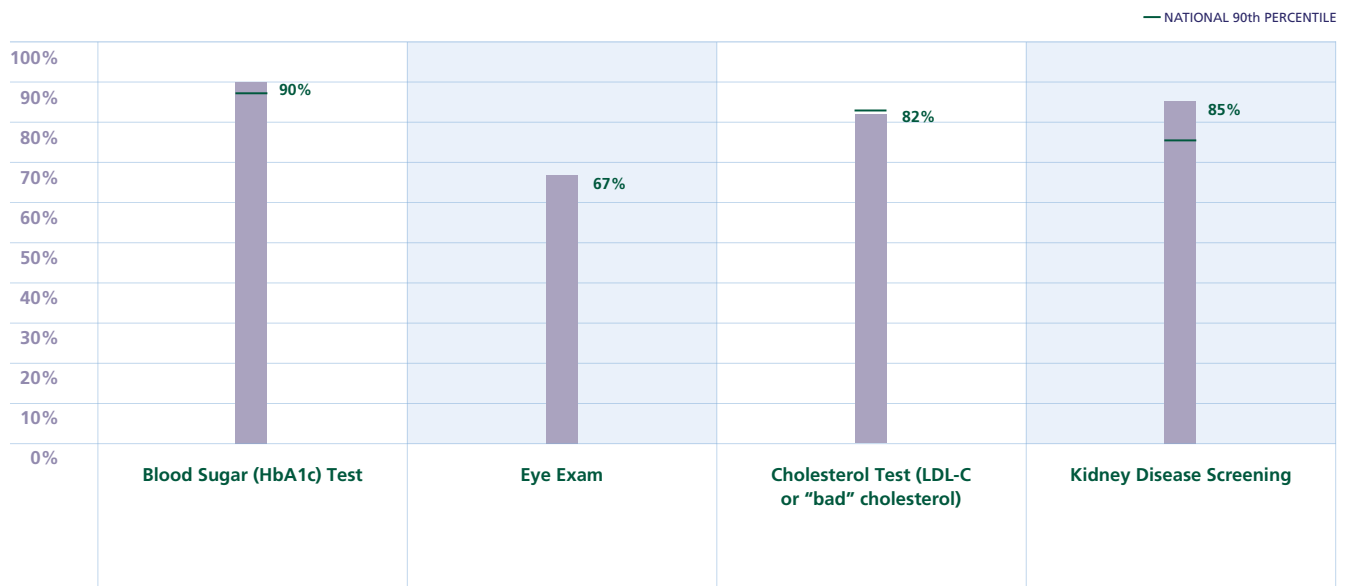
## Diabetes Care

- The region generally performs well on the three measures with a national benchmark
- The diabetic eye exam measure displays comparatively greater variation among medical groups
- Even with a high performance, thousands of patients did not receive the recommended care during the reporting period

Diabetes is a rising threat to the health of Washington residents and a growing cost burden both to patients and the health care system overall. According to the Centers for Disease Control (CDC), the percentage of adults in the state with diabetes doubled between 1994 and 2009. Proper care and management of diabetes can reduce the risk of complications that can cause significant emotional and financial burdens. On the three measures of care with national benchmarks included in the Community Checkup, the region performs near or above the top 10 percent national benchmark, suggesting that many people with diabetes in our region receive quality care. Still, given the growing number of diabetes patients in the region, simply maintaining our present regional average would mean that an increasing number of patients would not be receiving the standard of care needed to manage their disease and help prevent complications.



### Diabetes Care



The percentages denote the regional average for each measure



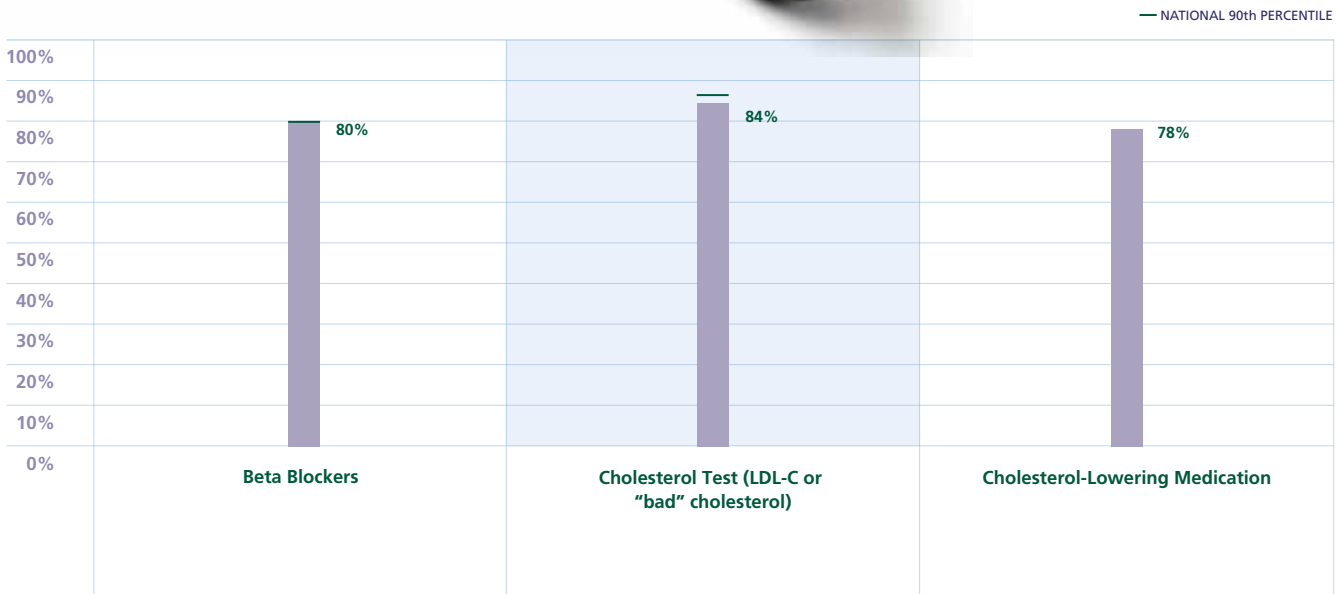
## Heart Care

- The region performs near or at the national benchmark for the two measures where benchmarks are available
- Variation for the two measures reported at the medical group level is limited
- Despite good performance, many patients are still not receiving recommended care

The measures in our report focus on coronary artery disease (CAD) and stroke, which are respectively the second and fifth leading causes of death in Washington state. Monitoring cholesterol levels and effectively managing patients' cholesterol and blood pressure levels can prevent these diseases from getting worse. As a region, we perform above the national median for the two measures that have national benchmarks: whether patients received a cholesterol test after they were discharged from the hospital for an event due to heart disease and whether patients who had a heart attack filled a beta blocker prescription for six months after hospital discharge. Still, despite the relatively high performance, 20 percent of the patients who should be receiving beta blockers and 16 percent of the patients who should be having a cholesterol test are not.



### Heart Care



The percentages denote the regional average for each measure

## Appropriate Treatment for Chronic Conditions

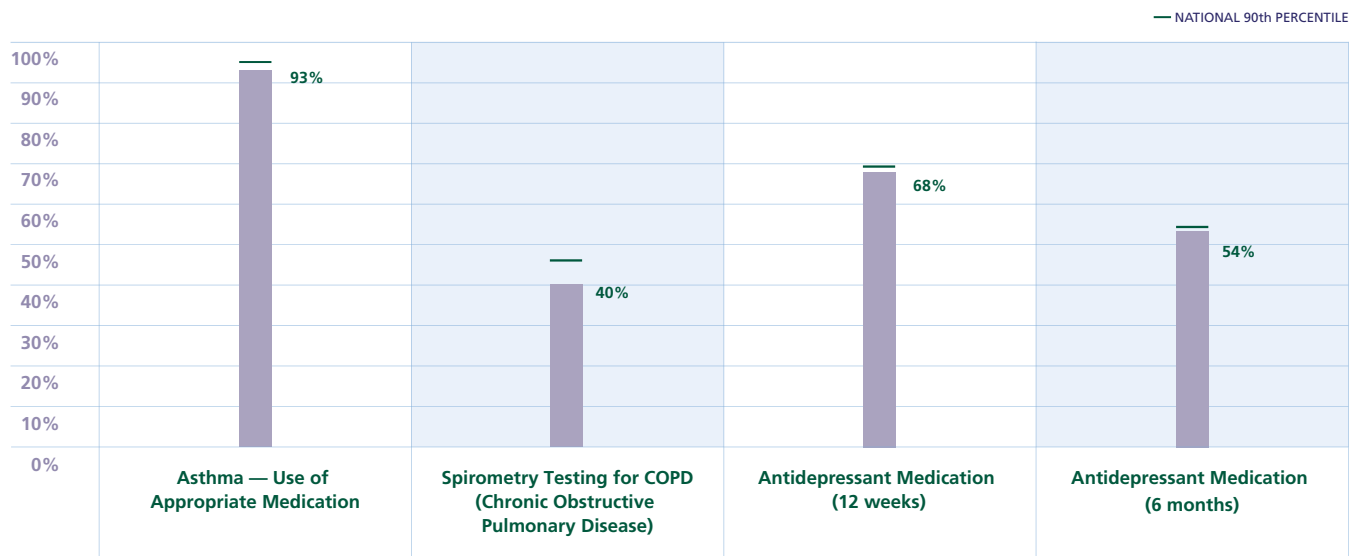
- The region performs well for asthma treatment
- Depression treatment is near the national 90th percentile benchmark
- Performance for spirometry testing for COPD patients is disappointing



The appropriate treatment of chronic conditions, such as asthma, chronic obstructive pulmonary disease (COPD) and depression, can help people to lead more productive lives while reducing the costs that result if the conditions are not well managed. The asthma measure included in the Community Checkup examines whether people who have asthma received long-term controller medications. The COPD measure looks at the use of spirometry testing for those newly diagnosed with the disease. The two depression measures of antidepressant medication management examine a 12-week period to address the acute symptoms of depression and a six-month period to prevent the depression from becoming chronic.

While the region performs relatively well on the asthma measure, it does not reach the 90th national percentile, indicating that there is still room for improvement. Although the value of spirometry testing for COPD is well recognized, the national 90th percentile for this measure is less than 50 percent, and our region performs considerably below that modest level. The region does better in treating depression, performing slightly below the national 90th percentile in these two measures. Still, nearly 30 percent of the patients diagnosed with depression in our region do not remain on antidepressant medication for the first 12 weeks of their diagnosis and more than 40 percent don't maintain treatment for six months.

### Appropriate Treatment for Chronic Conditions



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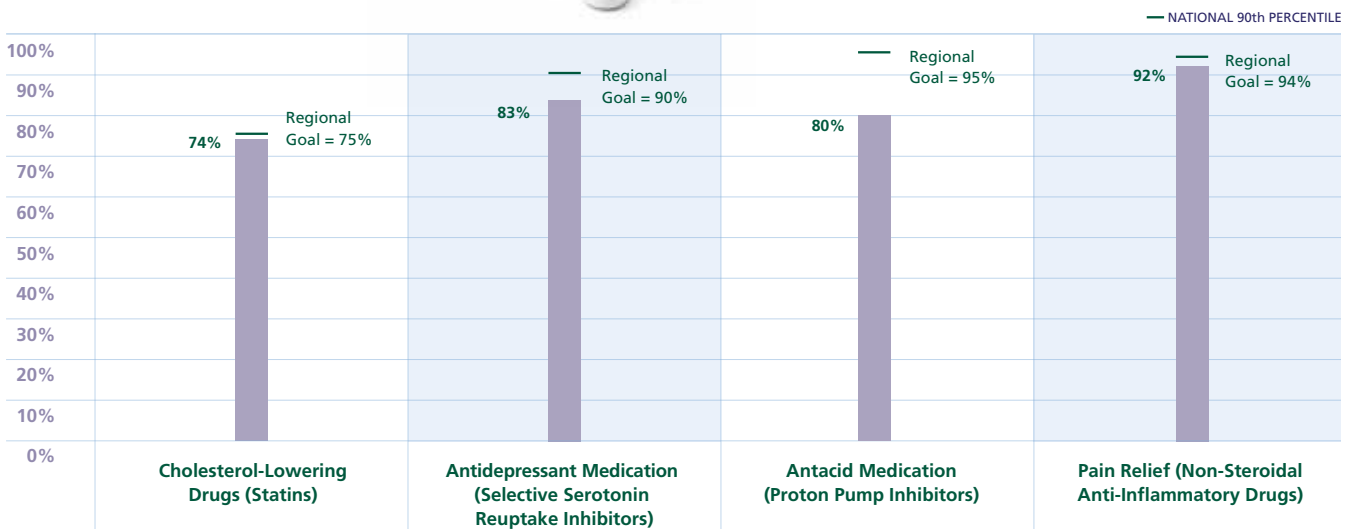
## Use of Generic Prescription Drugs

- The region performs below the Alliance benchmark in three out of four of the measures
- This category shows the greatest amount of variation among medical groups
- Results may be affected by the availability of over-the-counter or discounted generic drugs not captured by Alliance claims database

For the majority of patients, when taken in equivalent doses, most generic and brand-name drugs work equally well, but generics often cost significantly less. Although there are a number of reasons why patients may not adhere to prescribed medications, affordability is routinely among the top three reasons. The Community Checkup includes four measures on generic prescription rates where generic drugs are widely available and effective: antacid medications, antidepressants, cholesterol-lowering drugs and pain relief drugs. National benchmark data are not available for these measures but the Puget Sound Health Alliance gathered clinical experts from around the region to agree upon and establish realistic goals for what would be reasonable to strive for. The Alliance estimated that more than \$2.5 million could be saved each year in the Puget Sound region for each percentage point increase in the generic fill rate in these four classes of drugs. While the region performs higher on the prescribing of generic antidepressants and pain relief than antacid medications and cholesterol-lowering drugs, the region continues to miss a significant savings opportunity by failing to sufficiently increase the generic fill rate.



### Use of Generic Prescription Drugs



The percentages denote the regional average for each measure



The Puget Sound Health Alliance was formed in 2004 as a non-profit, non-partisan regional collaborative with the vision of developing a state-of-the-art health care system that provides better care at a more affordable cost, resulting in healthier people in the Puget Sound region. Today, with over 160 participants, our mission is to build a strong alliance among patients, doctors and other health professionals, hospitals, employers, labor trusts and health plans to promote health and improve quality and affordability.

The Alliance has developed the regional Community Checkup report so that everyone in the community has comparative information that recognizes and encourages health care services and actions that are safe, effective in promoting or improving health, and affordable so everyone can access needed care. The Community Checkup will continue to be improved and expanded over time. We encourage everyone to use the report to learn more about specific health services that are known to be effective and to see that there is variation in how consistently effective care is provided in clinics and hospitals in the region.

**For more about the Alliance:**  
**[www.PugetSoundHealthAlliance.org](http://www.PugetSoundHealthAlliance.org).**

**For the Community Checkup report:**  
**[www.WACommunityCheckup.org](http://www.WACommunityCheckup.org).**