



2022 Community Checkup Report

www.WACommunityCheckup.org



CONTENTS

Executive Director Letter	1
Comparing Washington State With National Benchmarks	2
Medical Group Performance Ranking	6
Health Care Spending in Washington State	11
About Us	12



A Letter to the Community from the Washington Health Alliance

March 2022

Dear Community Member,

We are proud to present the Washington Health Alliance's latest release of the *Community Checkup*, providing comprehensive results for 1,875 clinics, 325 medical groups, 100 hospitals, and 16 health plans across Washington state. We are especially grateful to the 185 member organizations who support our work and to the 35 data submitters who voluntarily entrust us with data on quality and cost.

This *Community Checkup* is much more than numbers, though. It embodies the spirit of the Alliance as a trusted and credible community resource dedicated to the successful collaboration among stakeholders who participate in each step of the Alliance's reporting with one over-arching goal, improving the health care delivered to all Washingtonians.

For this *Community Checkup*, the Alliance used its voluntary All Payer Claims Database (APCD) to analyze medical claims from January 1 through December 31, 2020 for more than 4 million people, more than 50% of Washington state's population. Results are reported statewide on dozens of measures for health plans, provider organizations, and on a geographic level, for all 39 counties, and Accountable Communities of Health (ACHs) and are all searchable on our website at [WACommunityCheckup.org](https://www.WACommunityCheckup.org).

This *Community Checkup* contains:

- three new measures (prenatal and postnatal care and the prescription of high dosage opioids);
- a summary of Washington state's performance and comparison with national benchmarks on more than 25 Healthcare Effectiveness Data and Information Set (HEDIS) measures, as reported by the National Committee for Quality Assurance (NCQA);
- the latest ranking of medical groups across the state with the Alliance's signature Quality Composite Score, a compilation of 29 weighted measures considered to be indicators of strong primary care delivery; and
- a review of spending from 2015-2020 by Washington state, the largest purchaser of health care in the state.

You will notice that this report looks different than past editions. Because of the prohibition on elective procedures in effect for much 2020 due to COVID-19, far fewer medical groups met the Alliance's reporting requirements.

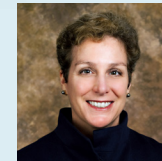
In terms of our other reporting, we aren't done yet. We have big plans for more reporting in the coming months. By adding a cost domain to complement our Quality Composite Score, we will shed light on the elusive question, "Does paying more mean you get higher quality health care?" In addition, we will be releasing a new Total Cost of Care report that analyzes costs on the medical group and clinic level.

I look forward to the opportunity to share those achievements with you as well.

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).¹

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.²

¹ National Committee for Quality Assurance, HEDIS and Performance Measurement, <https://www.ncqa.org/hedis/>.

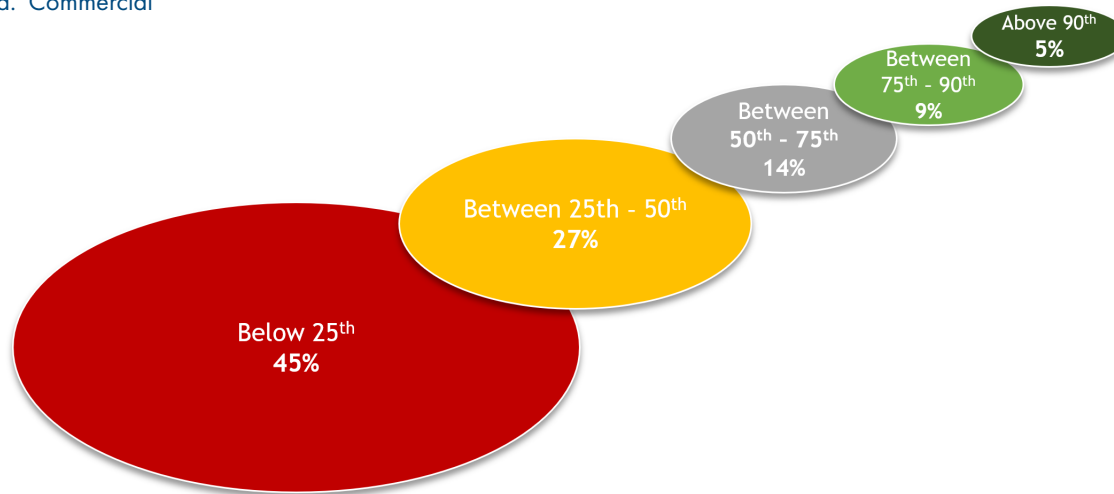
² Washington Health Alliance, *Community Checkup*, 2022 Technical Specifications, <https://www.wacommunitycheckup.org/about/methodology/>.



The results in this report are fairly consistent with past releases. The majority of measures in Washington state are below the national 50th percentile: 72% for the commercially insured and 68% for the Medicaid-insured. For both populations, Washington state performed above the national 90th percentile on only one measure: appropriate treatment for upper respiratory infection (Total). That measure reports on the number of health plan members over 3 months-old who went to a doctor for a common cold and who were not prescribed an antibiotic for 3 days after the diagnosis.

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

a. Commercial



b. Medicaid

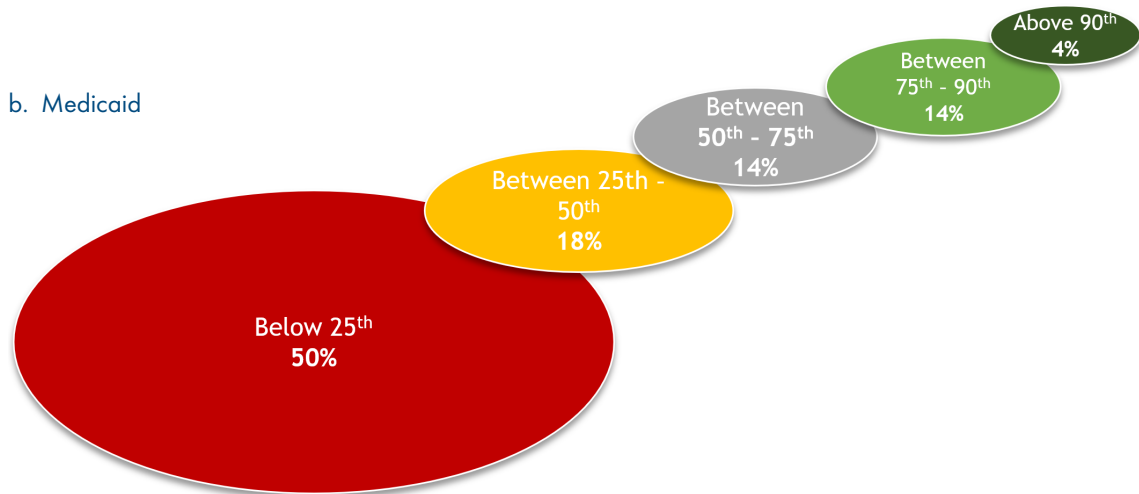


Figure 2(a): Washington State Performance Compared With NCQA HEDIS National Benchmarks (Commercial)

Benchmarks	Measure	State Average	National 90th Percentile
Above 90th National Percentile	Appropriate treatment for upper respiratory infection (Total)	92%	90%
Between 75th - 90th	Avoiding antibiotics for adults with acute bronchitis	54%	59%
	Eye exam for people with diabetes	57%	63%
Between 50th - 75th	Avoiding X-ray, MRI and CT scan for low-back pain	82%	86%
	Hospital readmissions within 30 days	54%	47%
	Statin therapy for patients with cardiovascular disease	85%	88%
Between 25th - 50th	Access to primary care (ages 65+ years)	96%	98%
	Appropriate testing for pharyngitis (Total)	72%	84%
	Colon cancer screening	62%	73%
	Staying on antidepressant medication (12 weeks)	73%	80%
	Staying on antidepressant medication (6 months)	57%	65%
	Use of opioids at high dosage	5%	2%
Below 25th	Access to primary care (ages 20-44 years)	88%	95%
	Access to primary care (ages 45-64 years)	94%	97%
	Asthma medication ratio	77%	87%
	Blood sugar (HbA1c) testing for people with diabetes	78%	91%
	Breast cancer screening	66%	77%
	Cervical cancer screening	65%	80%
	Chlamydia screening	36%	62%
	Follow-up care for children prescribed ADHD medication (30 days)	33%	50%
	Follow-up care for children prescribed ADHD medication (9 months)	39%	61%
	Spirometry testing to assess and diagnose COPD	31%	45%

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

Benchmarks	Measure	State Average	National 90th Percentile
Above 90th National Percentile	Appropriate treatment for upper respiratory infection (Total)	94%	94%
Between 75th - 90th	Avoiding antibiotics for adults with acute bronchitis	65%	70%
	Statin therapy for patients with cardiovascular disease	83%	86%
	Staying on antidepressant medication (6 months)	46%	52%
Between 50th - 75th	Avoiding X-ray, MRI and CT scan for low-back pain	77%	83%
	Hospital readmissions within 30 days	99%	83%
	Staying on antidepressant medication (12 weeks)	61%	68%
Between 25th - 50th	Appropriate testing for pharyngitis (Total)	76%	86%
	Asthma medication ratio	61%	76%
	Spirometry testing to assess and diagnose COPD	23%	35%
	Use of opioids at high dosage	6%	1%
Below 25th	Access to primary care (ages 20-44 years)	69%	83%
	Access to primary care (ages 45-64 years)	73%	88%
	Access to primary care (ages 65+ years)	31%	92%
	Blood sugar (HbA1c) testing for people with diabetes	75%	88%
	Breast cancer screening	47%	64%
	Cervical cancer screening	49%	68%
	Chlamydia screening	45%	66%
	Colon cancer screening	41%	73%
	Eye exam for people with diabetes	42%	63%
	Follow-up care for children prescribed ADHD medication (30 days)	32%	56%
	Follow-up care for children prescribed ADHD medication (9 months)	37%	68%

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. You will notice significantly fewer medical groups compared to last year because the prohibition on elective procedures for much of 2020 due to COVID-19 resulted in fewer hospital admissions. As a result, fewer medical groups met the Alliance's minimum threshold reporting requirements.

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

Commercial

- Virginia Mason Medical Center
- Kaiser Permanente Washington
- University of Washington Medical Center
- Swedish Medical Group
- Association of University Physicians DBA UW Physicians

Medicaid

- EvergreenHealth Medical Group
- MultiCare Rockwood Clinic
- Confluence Health Central Washington Hospital and Clinics
- Yakima Valley Farm Workers Clinic
- Swedish Medical Group



Figure 3: 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	Appropriate, Cost-Effective Care
Chlamydia screening	Avoiding antibiotics for adults with acute bronchitis
Adolescent well-care visits	Appropriate testing for pharyngitis (Total)
Well-child visits (in the first 15 months)	ADHD medication generic prescriptions
Well-child visits (ages 3-6 years)	Stomach acid medication generic prescriptions
Chronic Disease Care	Antidepressant medication generic prescriptions
Follow up for children prescribed ADHD medication (30 days)	Avoiding X-rays, MRIs and CT scans for low-back pain
Follow up for children prescribed ADHD medication (9 months)	Appropriate treatment for upper respiratory infection (Total)
Staying on antidepressant medication (12 weeks)	
Staying on antidepressant medication (6 months)	
Asthma medication ratio	
Eye exam for people with diabetes	
Blood sugar (HbA1c) testing for people with diabetes	
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 4(a): Performance Ranking for Medical Groups (Commercial)

Place or organization	Composite Percentile	Composite Score
Virginia Mason Medical Center	75.46%	0.689
Kaiser Permanente Washington	71.16%	0.558
University of Washington Medical Center	69.20%	0.502
Swedish Medical Group	68.32%	0.477
Association of University Physicians DBA UW Physicians	66.49%	0.426
UW Medicine - Valley Medical Group	66.25%	0.419
The Everett Clinic	65.18%	0.390
MultiCare Health System	62.45%	0.317
MultiCare Rockwood Clinic*	61.54%	0.293
EvergreenHealth Medical Group	61.36%	0.289
Confluence Health Wenatchee Valley Hospital and Clinics*	57.06%	0.178
Skagit Regional Health*	56.88%	0.173
CHI Franciscan Medical Group*	56.59%	0.166
Western Washington Medical Group	49.32%	-0.017
Sound Family Medicine	42.83%	-0.181

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 4(b) Performance Ranking for Medical Groups (Medicaid)

Place or organization	Composite Percentile	Composite Score
EvergreenHealth Medical Group	80.40%	0.856
MultiCare Rockwood Clinic*	79.69%	0.831
Confluence Health Central Washington Hospital and Clinics	77.49%	0.755
Yakima Valley Farm Workers Clinic*	76.65%	0.727
Swedish Medical Group	76.57%	0.725
Kaiser Permanente Washington	74.78%	0.668
International Community Health Services*	74.03%	0.644
PeaceHealth Medical Group*	73.48%	0.627
Confluence Health Wenatchee Valley Hospital and Clinics*	73.44%	0.626
Providence Medical Group - Spokane*	73.36%	0.624
University of Washington Medical Center	70.90%	0.550
MultiCare Health System	70.23%	0.531
CHI Franciscan Medical Group*	69.62%	0.513
Northwest Physicians Network	67.54%	0.455
UW Medicine - Valley Medical Group	67.52%	0.454
Skagit Regional Health*	67.37%	0.450

Figure 4(b): Performance Ranking for Medical Groups (Medicaid) (continued)

Place or organization	Composite Percentile	Composite Score
The Everett Clinic	67.37%	0.450
Overlake Medical Clinics	67.32%	0.449
Association of University Physicians DBA UW Physicians	67.29%	0.448
Peninsula Community Health Services*	67.12%	0.443
Kadlec Clinic*	65.01%	0.386
Yakima Neighborhood Health Services*	63.18%	0.337
Virginia Mason Medical Center	62.59%	0.321
Neighborcare Health*	59.44%	0.239
HealthPoint*	58.90%	0.225
Harborview Medical Center*	58.50%	0.215
Community Health Care*	58.00%	0.202
Olympic Medical Center	55.76%	0.145
RCCH TRIOS HEALTH LLC*	55.25%	0.132
Sea Mar Community Health Centers*	54.38%	0.110
Cowlitz Family Health Center*	48.37%	-0.041
Community Health Center of Snohomish County*	47.84%	-0.054
Community Health Association of Spokane*	45.29%	-0.118

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 (2015-2020).³ 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. Percentages reflect year-over-year changes.

Figure 5: Health Care Spending Relative to the Washington State Gross Domestic Product, 2015-2020 (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	
2015	\$9,790,027,539		2,002,517		\$471,702,800,000		2.08%	
2016	\$10,768,279,678	10% Change	2,068,070	3% Change	\$493,634,500,000	5% Change	2.18%	5% Change
2017	\$11,588,114,961	8% Change	2,077,912	0% Change	\$527,707,500,000	7% Change	2.20%	1% Change
2018	\$12,132,637,046	5% Change	2,043,779	-2% Change	\$575,416,700,000	9% Change	2.11%	-4% Change
2019	\$12,773,721,744	5% Change	2,009,766	-2% Change	\$612,996,500,000	7% Change	2.08%	-1% Change
2020	\$13,529,514,729	6% Change	2,088,560	4% Change	\$618,704,900,000	1% Change	2.19%	5% Change

³ This information is provided by the Washington State Health Care Authority. WA State GDP 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 PPFM 3.0 (5/11/2016); data for calendar year 2016 is from Milliman PPFM 6.0, (02/14/2017), Exhibit 4a; data for calendar year 2017 is from Milliman PPFM 2.0 (02/09/2018), Exhibit 4a; data for calendar year 2018 is from Milliman PPFM 7.0 (05/29/2019), Exhibit 4a; data for calendar year 2019 is from Milliman PPFM 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

The *Community Checkup* report and all results produced and prepared by the Washington Health Alliance (Alliance) are considered proprietary and the intellectual property (IP) 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 were prepared by the Alliance based on our analysis of a significant amount of data, reflecting health care provided to more than 4 million residents in Washington state. These results were calculated using measures that have been developed and finalized based on the judgment of many health care stakeholders and technical experts. Others may reach different conclusions than the results presented in this report and on the *Community Checkup* website.

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.

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.



HOW TO CONTACT US

Nancy Giunto

Executive Director

Email: ngiunto@wahealthalliance.org

Phone: 206.454.2951

Sharon Eloranta, MD

Medical Director of Performance Measurement and Practice Transformation

Email: seloranta@wahealthalliance.org

Phone: 206.454.2953

Mark Pregler

Director of Data Management and Analytics

Email: mpregler@wahealthalliance.org

Phone: 206.454.2952

Denise Giambalvo

Director of Purchaser Strategies

Email: dgiambalvo@wahealthalliance.org

Phone: 206.454.2958

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 wwwOwnYourHealthWA.org so that individuals can make informed health care decisions.



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



The *Community Checkup* is produced by the Washington Health Alliance.

Community Checkup report:
www.WACommunityCheckup.org

For consumer guidance visit:
www.OwnYourHealthWA.org

More about the Alliance:
www.WAHealthAlliance.org