

Comparing Local Health Care in Puget Sound

**2012 Community
Checkup Overview**

September 20, 2012

Dear Alliance Member:

Welcome to the sixth Community Checkup report, the result of a collaborative effort to improve the quality and affordability of health care in our region. This report builds upon previous versions of the Community Checkup and includes results for 81 medical groups, 313 clinics of four or more clinicians, as well as 30 hospitals within King, Kitsap, Pierce, Snohomish and Thurston counties.

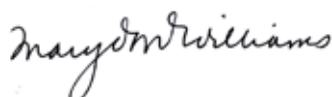
The Community Checkup is the Alliance's foundational public report, illustrating our belief that what gets measured, gets managed. As you will see in this executive summary, the Alliance's work encompasses far more than just the Community Checkup. In the past year, we have produced the region's first comprehensive, publicly reported survey on patient experience; conducted an analysis of resource use for high-volume hospitalizations; and developed an approach to increasing cost transparency in the region.

All of these efforts are directed to achieve the Alliance's strategic vision: by 2015, physicians, other providers and hospitals in the region will be in the top 10 percent in performance nationally in the delivery of quality, evidence-based care and in the reduction of unwarranted variation, resulting in a significant reduction in medical cost trend.

Many community members contributed to the Community Checkup, especially medical groups, data suppliers and the members of our board and committees who guide this process. We extend our gratitude to these individuals and organizations who contributed valuable time, resources, data, and other efforts to make this report possible.

In particular, we want to recognize the Alliance board and all of our participating organizations, whose ongoing financial and organizational commitment to the Alliance's mission makes our work possible. The collective voice and sweat equity of our board, committees and participants strengthen the community's resolve to tackle the challenges of transforming health care in our region.

Finally, we acknowledge the support of the Robert Wood Johnson Foundation's Aligning Forces for Quality initiative in producing this report. AF4Q's ongoing commitment to transforming health care through community-wide efforts has been an invaluable contribution to our work.



Mary McWilliams
Executive Director
Puget Sound Health Alliance

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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 trend. Although this is a bold vision, the Alliance community can reach it, working together and aligning efforts.



Executive Summary

The 2012 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 31 ambulatory measures fall into areas of prevention, chronic disease management, generic substitution and appropriate use of services.

This year, we have added one new measure: the fill rate for generic antihypertensives. In addition, for the first time we are also reporting the other four generic drug measures for the commercially insured at the individual provider level for those providers who meet a statistical threshold.

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 improvement toward our goal of being in the top 10 percent of performance nationally. We are confident that by working together patients, health care providers, employers and other purchasers and health plans can produce better health at costs more people can afford.

Common Themes

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

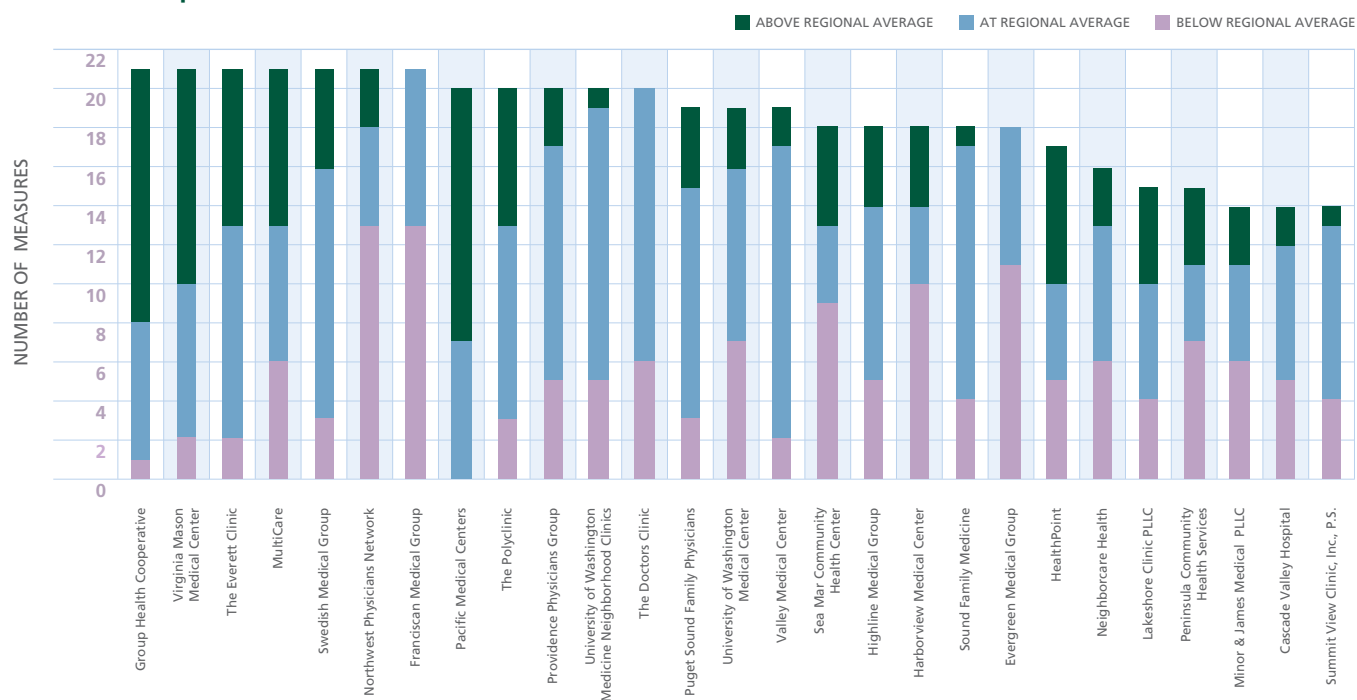
- Our region displays substantial variation in performance across measures and medical groups, clinics and hospitals. This finding is consistent with national findings on the contribution of variation to lower quality and higher cost in health care delivery.
- Our region includes individual clinics, 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 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.

The results in the Community Checkup are based on the care two million people, or approximately half of all the people who live in the Puget Sound region, received from their medical groups from July 2010 to June 2011. Both Medicaid and commercially insured patients are included in the report.

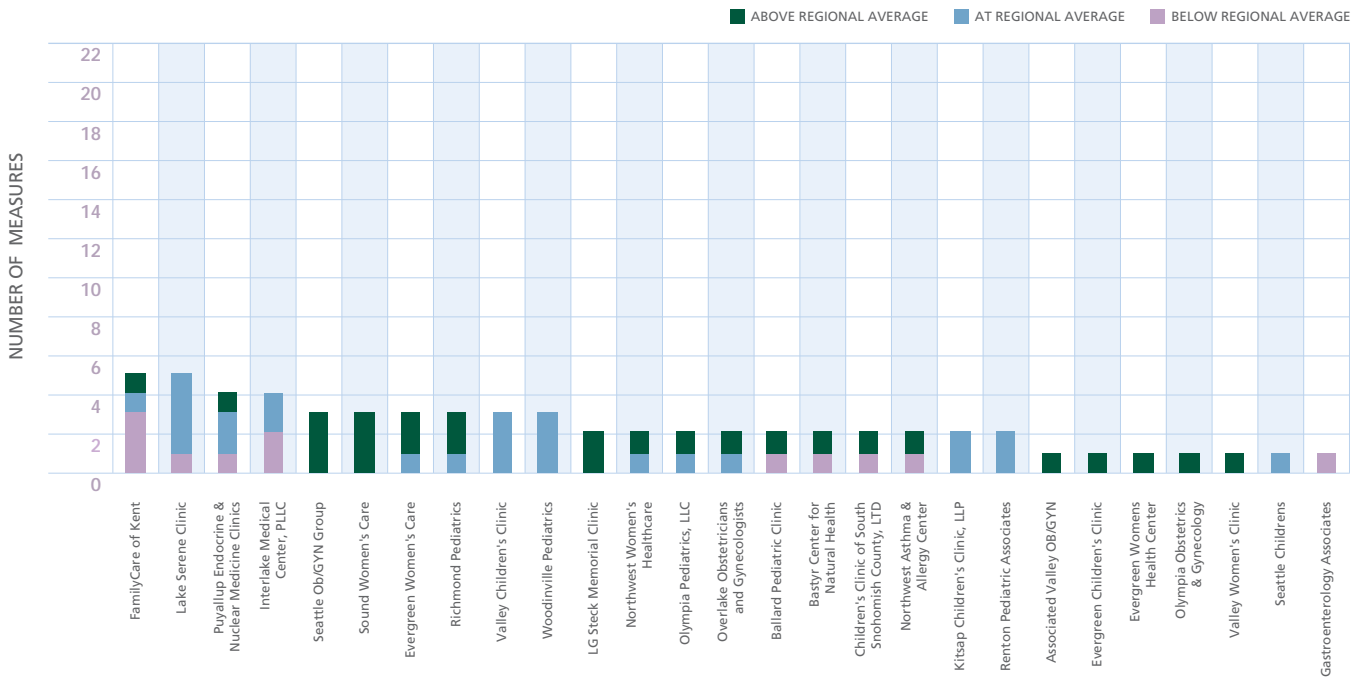
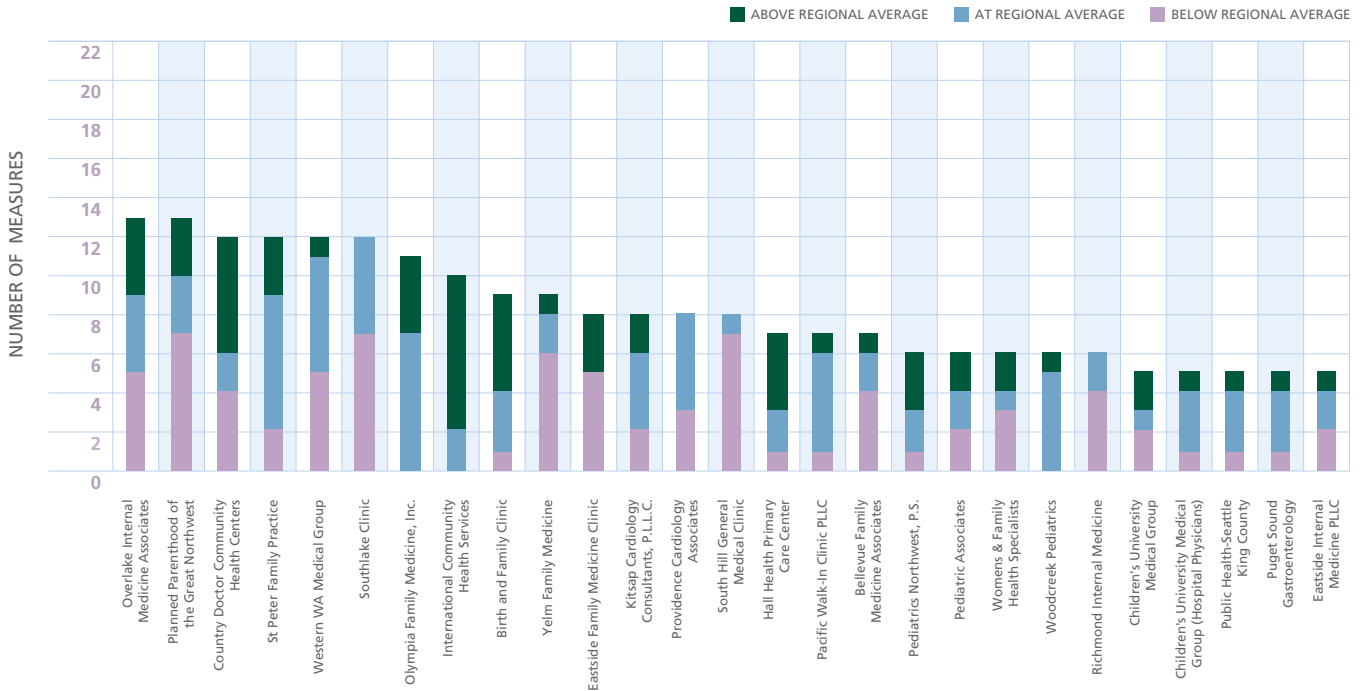
The graphs in this section show how each of the individual medical groups performs in terms of the number of above average, average and below average results for the 21 measures reported at the medical group level. Because results are reported at the medical group level only if the group has at least 160 patients for any given measure, most groups do not have results for all of the measures. The graphs start with those medical groups that report on 21 measures and then are organized in clusters with the descending number of measures reported. Within each cluster, medical groups with the highest number of above average results are listed first. The purpose of these graphs is to provide a snapshot of the overall performance on the measures by the medical groups.

To see specific medical group and clinic results, please visit the Community Checkup website: www.WACommunityCheckup.org.

Medical Group Results: Overview



*Includes five generic measures with commercially insured data and limited Medicaid data.



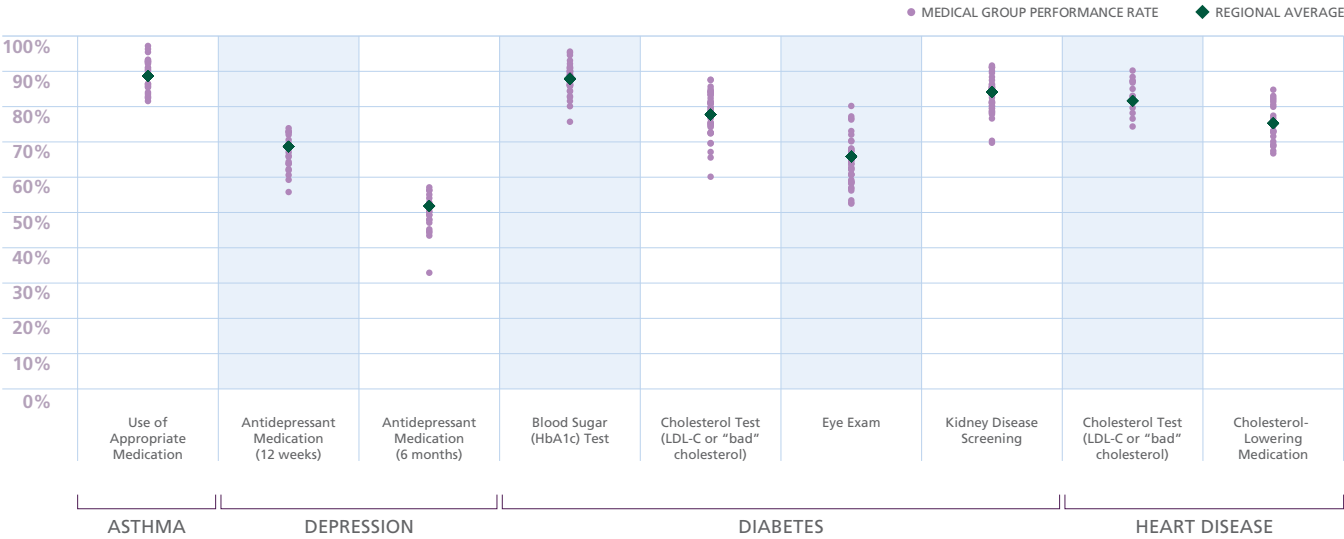
*Includes five generic measures with commercially insured data and limited Medicaid data.

Variation Within Measures

One of the key opportunities for improving the quality of care is reducing the amount of unwarranted variation in delivery of care. The abacus charts below highlight the range of performance within each measure, with each dot representing a medical group.

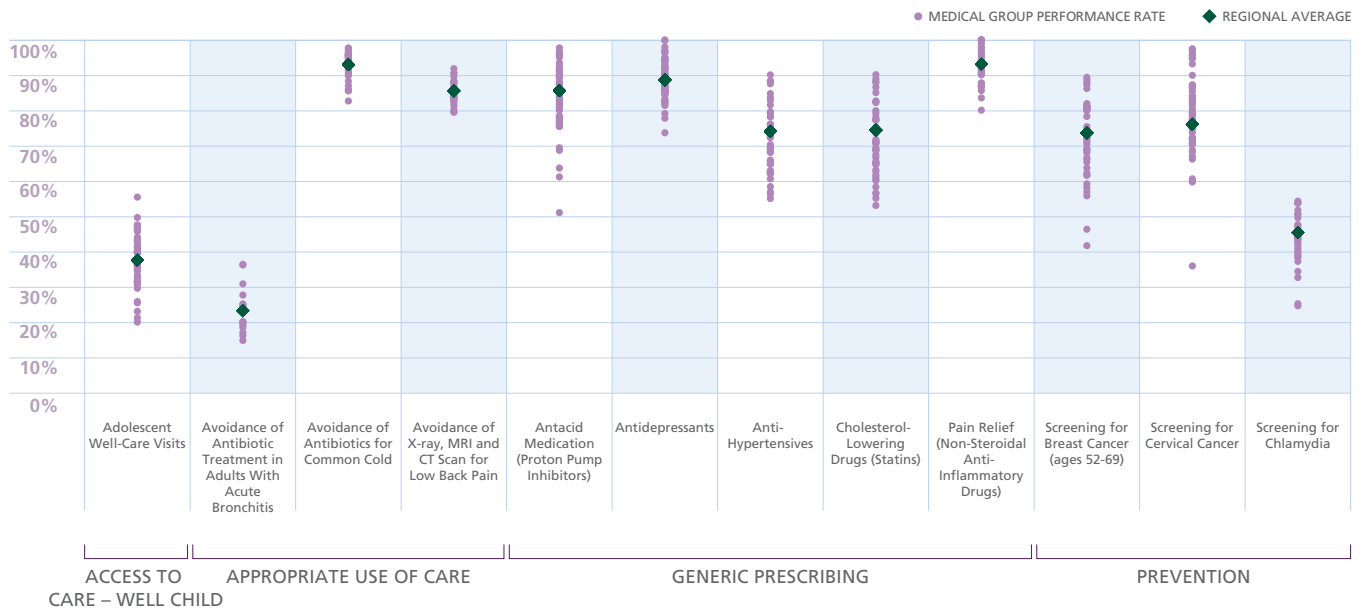
For some measures, such as avoidance of antibiotics for colds and avoidance of imaging for low back pain, the medical groups in the region are tightly clustered, indicated relatively little variation among them. However, on many other measures substantial variation exists. For example, the rates for preventive screenings are highly variable. On the four diabetes measures, there is at least a 20 percentage point difference between the highest and lowest performers, with broad distribution in between. The generic drug measures in particular show dramatic variation across medical groups. Reducing this type of variation is an important step toward improving the quality of care in the region and lowering cost, particularly in the case of generic drugs.

Measure Variation: Overview



The percentages denote the regional average for each measure.

Measure Variation: Overview



The percentages denote the regional average for each measure.

How the Community Is Doing: A Review of Results Over Time

Transparency is important if the health care system is going to change for the better. That's why comparing results from the Community Checkup over time is important: it allows us to see where the quality of care is improving in our region and where there are opportunities to do better. Since this is the sixth Community Checkup the Alliance has produced, we now have a multi-year period to review results and determine how the region is performing. These results should encourage everyone with a role in health care to recognize being able to measure how care is delivered is an important step toward achieving better results and care.

The analysis that follows suggests a pattern in the quality of care for certain measures over time. Data sets differ for each Community Checkup for a variety of reasons, including differences in the patient population in the report and changes in data suppliers providing claims data. In particular, Medicaid has undertaken efforts to more closely define the appropriate population to include in the Community Checkup. As a result, on several measures there has been a significant improvement in the quality of care for the Medicaid population. We assume that this is in some part due to the proper reconciliation of populations to include in the Community Checkup. We are hopeful the improvement will continue in future reports with the same defined population.

This analysis includes looking at all-payer data for the 2009, 2010 and 2012 Community Checkup reports; data for the commercially insured population for the years 2009 through 2012; and data for the Medicaid population for 2009, 2010 and 2012. (Medicaid data was not reported in 2011.)

Overall, while a few areas have seen significant improvement over time, on too many measures the region's performance has been flat. We know that certain medical groups, such as UW Neighborhood Clinics, have used the Community Checkup results to undertake a systematic effort to improve the quality of care they deliver, and have seen better scores as a result. While it is disappointing that more medical groups have not reported similar focus, the Community Checkup remains an important resource for the region. Measurement is a critical tool for improvement. Without it, we would still have no idea where the region excels in delivering care and where the region lags.

Diabetes Care: Performing at High Levels

The region has generally performed well on diabetes measures, with the regional scores for the commercially insured population at or near the national 90th percentile. Since 2009, the region's performance on three of the measures has been improving, to varying degrees. The largest improvement over time has been in testing for blood sugar level, followed by cholesterol testing and dilated eye exams. In all three cases, the improvement is largely due to higher performance for the Medicaid population. Still, even the commercial population has seen modest gains over time, indicating that even at a high performance level there is room for improvement.

One diabetes measure has shown a slight decline: screening for kidney disease. Since diabetes care relies upon all four of these measures being done regularly, the decline over time is worrisome, even if it is small.

Depression Care: Declining Rates for Medicaid

Overall, the quality of depression care is unchanged in the region since 2009. For the measure looking at antidepressant medication at 12 weeks, the regional rate for the commercially insured population dipped slightly after 2008, which was the highest level to date. The rate increased in 2012, but still not to 2008 levels.

More disturbing has been the direction of the regional rate for Medicaid patients. The rate has been steadily declining over the three-year measurement period for both medication at 12 weeks and six months, indicating a real opportunity for improvement on this measure.

Prevention: Modest Improvements

On several of the Community Checkup's prevention measures, the regional rate has been improving modestly over time. The rates of screenings for cervical cancer and screenings for Chlamydia have gotten better for both the commercially insured population and, more noticeably, for the Medicaid population. The screening rate for colon cancer has improved more dramatically. The regional rate for the commercially insured population went from 39 percent in 2008 to more than 60 percent in 2012. A portion of this growth is no doubt due to the longer lookback period, as the Alliance database grows to span more years.

The rate of improvement for the Medicaid population is similar to that for the commercially insured population. However, even with the improvement, the overall Medicaid rate still remains far below the commercially insured rate, creating a troublesome gap between the rates of screening each population receives.

Appropriate Use of Services: One Very Troubling Decline

This category, which includes three measures, shows mixed results. The regional rate for avoiding antibiotics for the common cold has been high and stable over time. Avoidance of imaging for low back pain has also been stable, although the rate for the Medicaid population has seen a slight decline over time. However, the rate for avoidance of antibiotics for bronchitis has seen the greatest overall decline over time for any measure in the Community Checkup.

This is especially troubling as the rate was never high to begin with: the regional rate for all-payers was 30 percent in 2009 and 23 percent in 2012. (There was a slight bump up in the rate in 2010, but it was not sustained.) In particular, the Medicaid rate has seen a dramatic drop in the three-year analysis period, from 35 percent in 2009 to less than 23 percent in the current Community Checkup. Besides the financial waste that these figures represent, overuse of antibiotics contributes to the development of resistant strains of bacteria.

A close-up photograph of a person's face, focusing on the ear and cheek area. The person has a small, round, diamond-shaped earring in their ear. The background is blurred, showing what appears to be a medical or clinical setting with some equipment.

Key Findings from the 2012 Checkup

The results from the 2012 Community Checkup underscore the fact that there continues to be substantial variation in the quality of care in our region. While some clinics, medical groups and hospitals perform among the best in the nation on specific measures, no one provider excels at everything. 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 the level of quality care that meets the Alliance vision. The following is a high-level summary of the results of the 2012 Community Checkup, based upon the combined results from commercially insured patients and Medicaid patients.

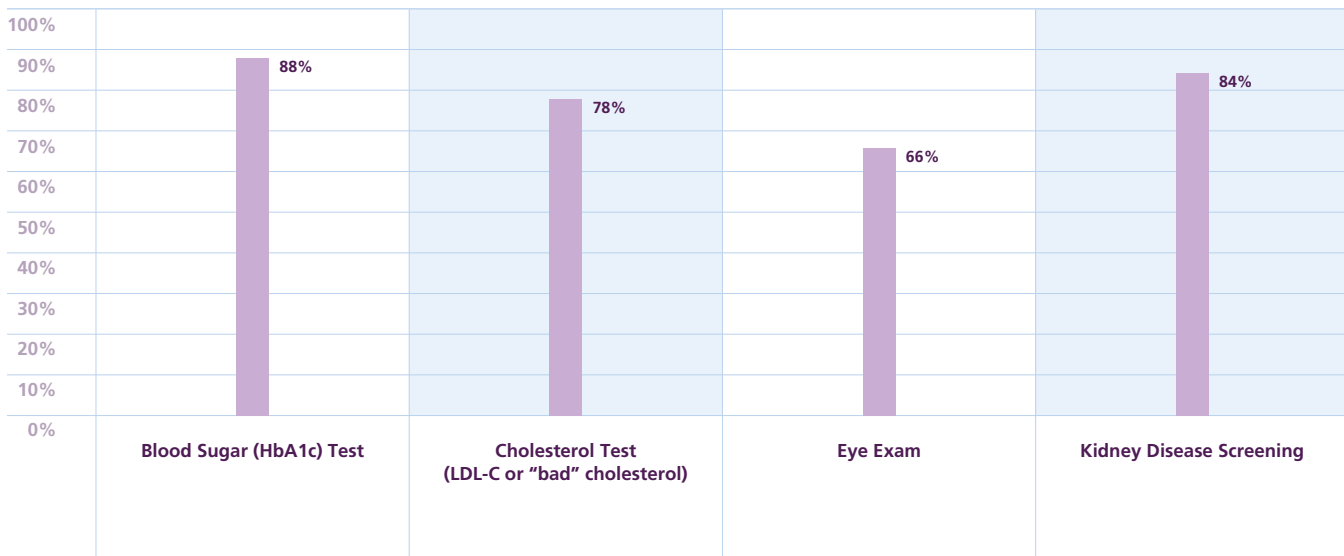
Diabetes Care

- The region generally performed well on diabetes measures, but even with a high performance, thousands of patients still did not receive the recommended care during the reporting period.
- Care for the commercially insured population is at or near the national 90th percentile for the three measures with a national benchmark.
- Care for the Medicaid population lags, which is a concern given the disproportionate impact diabetes has on minority populations.

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 CDC, the percentage of adults in the state with diabetes doubled between 1994 and 2009. More than 7 percent of the state's residents have been diagnosed with the disease, a number that is projected to continue to grow at an alarming rate. Proper care and management of diabetes can reduce the risk of complications that can cause significant emotional and financial burdens. The region generally performs well in diabetes care for the commercially insured population. The performance of care for the Medicaid population is not as strong, which is troubling because many minority groups have a disproportionately higher risk for diabetes. Moreover, 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 treat their disease and help prevent complications.



Diabetes



The percentages denote the regional average for each measure.

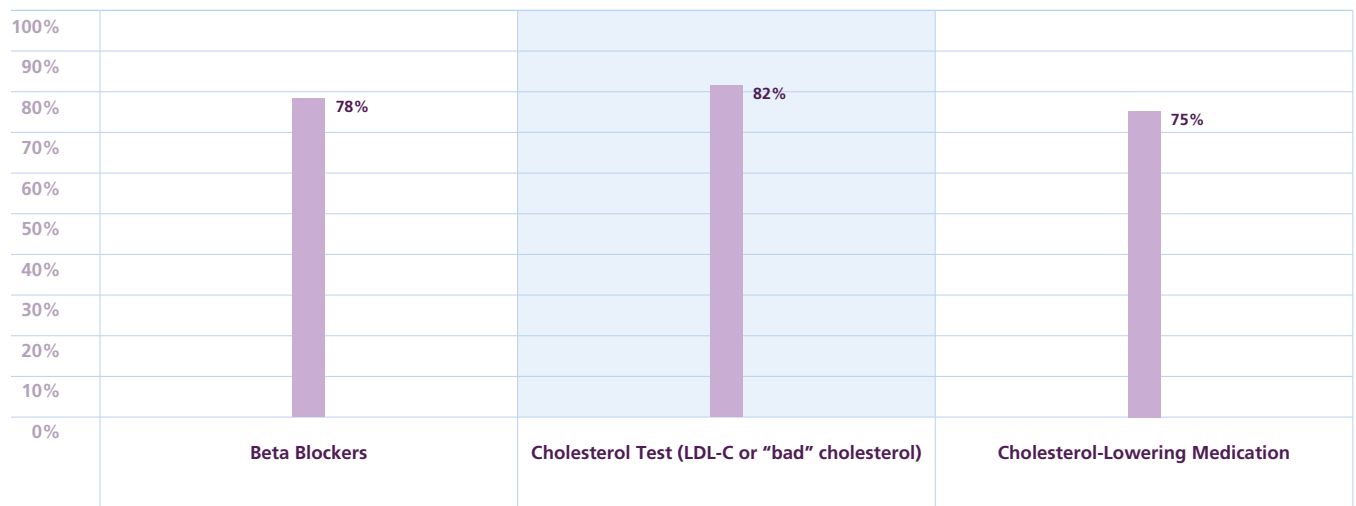
Heart Care

- For the commercially insured population, the region performs below the national 90th percentile for cholesterol testing, the measure for which there is a benchmark.
- Medicaid patients are more likely to receive beta blockers after a heart attack than commercially insured patients.
- Despite good performance overall, many patients are still not receiving the recommended care.

The measures in our report focus on coronary artery disease (CAD) and stroke, which are respectively the second and sixth 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 generally perform well for the heart disease measures: if patients received a cholesterol test after they were discharged from the hospital for an event due to heart disease, if patients who had a heart attack filled a beta blocker prescription for six months after hospital discharge and if patients with heart disease had at least one prescription filled to lower cholesterol. Still, despite the relatively high performance, roughly two in 10 patients are not receiving the care they should to manage their disease.



Heart Disease



The percentages denote the regional average for each measure.

Appropriate Treatment for Chronic Conditions

- The region performs above or near the 90th national percentile on depression measures for commercially insured patients. By comparison, Medicaid patients are almost one third less likely to remain on antidepressants.
- Just over half the patients in the region are receiving recommended spirometry testing for COPD.
- Nearly nine in 10 asthma patients in the region are receiving long-term controller medications.

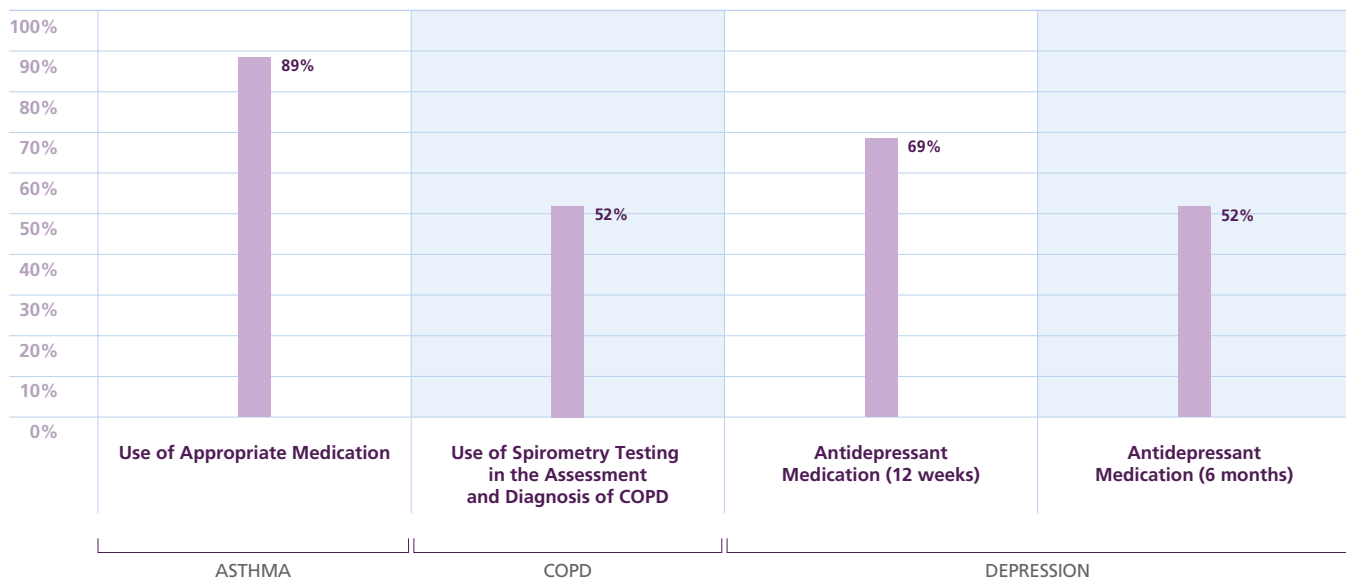
The appropriate treatment of chronic conditions, such as asthma, COPD and depression, can help people lead more productive lives while reducing the costs that result if the conditions are not well managed. The asthma measure included in the Community Checkup examines whether people who have asthma received 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, there is plenty of room for improvement on the other measures. Although the value of spirometry testing for COPD is well recognized, only about half the patients in our region undergo such testing. While the region does better in treating depression, nearly 30 percent of patients diagnosed with depression in our region do not remain on antidepressant medication for the first 12 weeks of their diagnosis and nearly half don't maintain treatment for six months.



15

Chronic Conditions



The percentages denote the regional average for each measure.

Use of Generic Prescription Drugs

- The region performs below the Alliance benchmarks on all four measures for which such benchmarks exists.
- This category shows the greatest variation among medical groups and surprisingly wide variation even within medical groups.
- Results may be affected by the availability of over-the-counter or discounted generic drugs not captured by Alliance claims database.

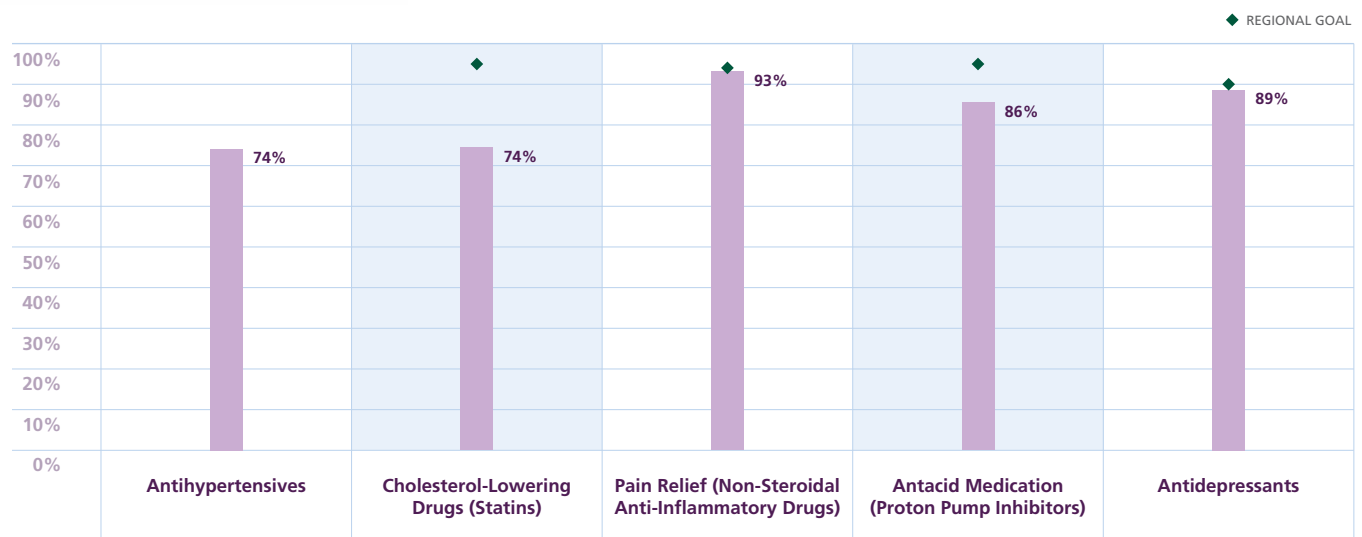


For the majority of patients, when taken in equivalent doses, most generic and brand-name drugs work equally well, but generics often cost significantly less. Although patients may not adhere to prescribed medications for a number of reasons, affordability is routinely among the top three. The Community Checkup includes five measures on generic prescription rates where generic drugs are widely available and effective: antacid medications, antidepressants, cholesterol-lowering drugs, pain relief drugs, and (new this year) antihypertensives. 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. While the region performs higher on the prescribing of generic antidepressants, antacid medications and pain relief medications than on the other measures, the region continues to miss a significant savings opportunity by failing to sufficiently increase the generic fill rate.

These measures highlight the wide range of variation among medical groups. More importantly, because the Alliance is reporting results for four of these measures at the individual provider level for the first time, we can see that variation is not only among medical groups but even within medical groups. The charts on the next page provide one example, for generic statins. Results within medical groups can range from a 100 percent generic fill rate to less than 20 percent. While generics may not be right for all patients, depending on the state and course of their disease, such a wide variation indicates that there is tremendous opportunity for improvement—and savings—by many medical groups. The highest performing medical groups on these measures tend to display a smaller range of variation than low performing groups.

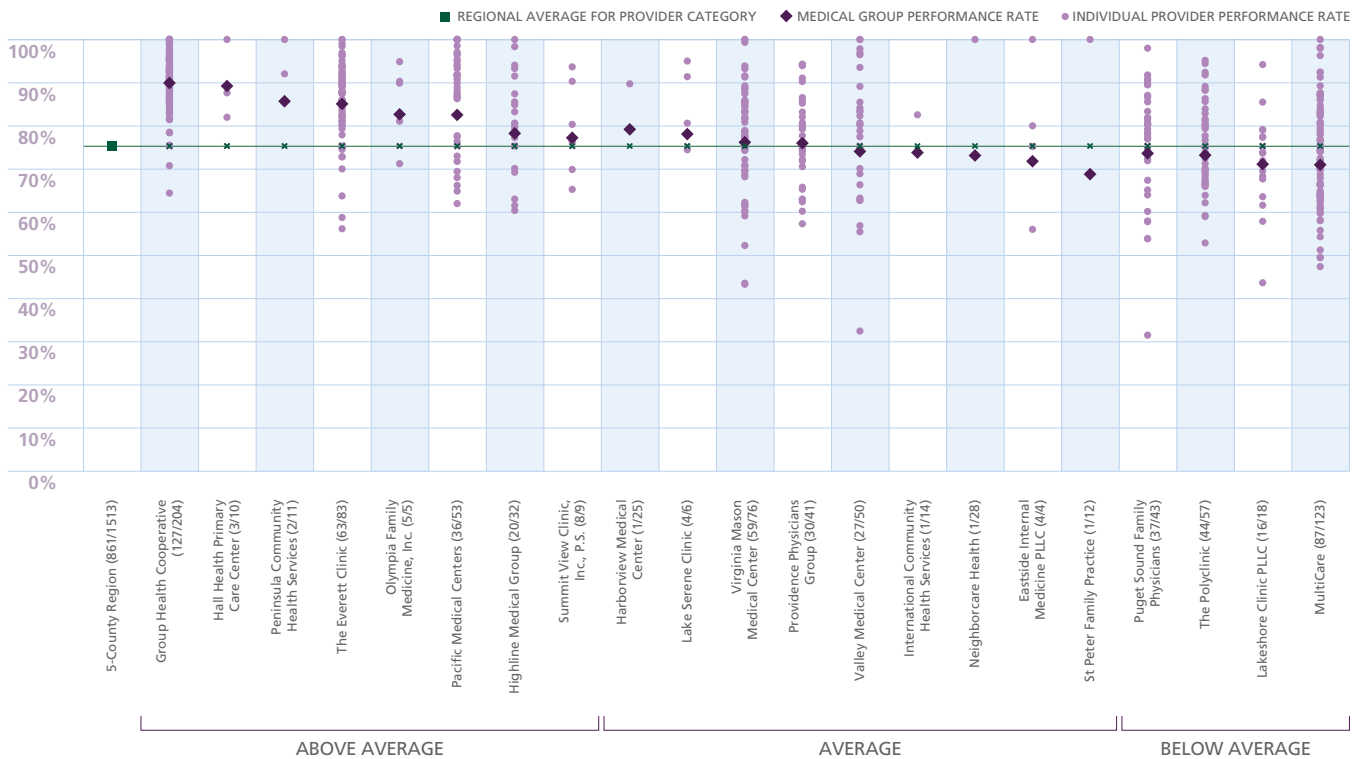
Note: Generic prescription measures are for the commercially insured population only.

Generic Prescription Drugs

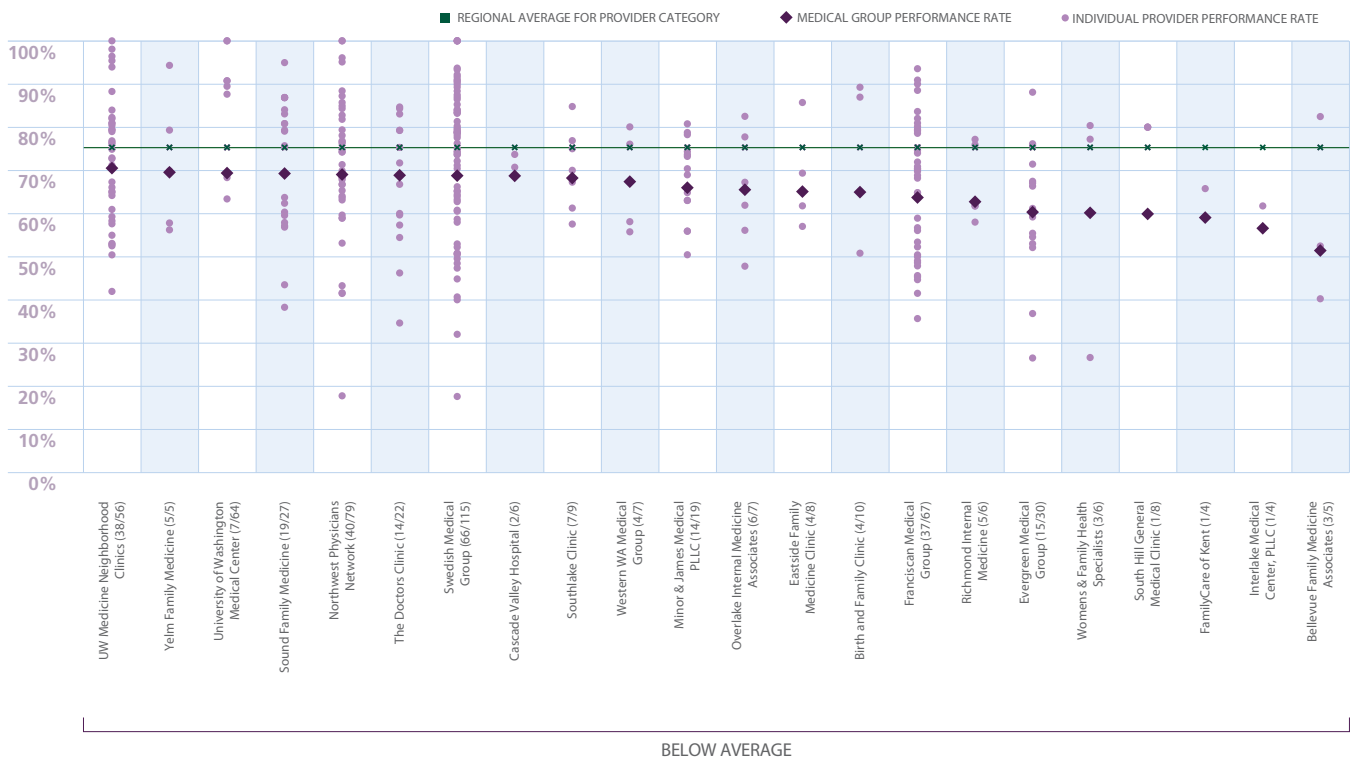


The percentages denote the regional average for each measure.

Cholesterol-Lowering Drugs (Statins) – Primary Care Providers



Cholesterol-Lowering Drugs (Statins) – Primary Care Providers



Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2011 and the measurement year of 7/1/2010 - 6/30/2011.

Notes:

- Each purple dot represents a provider result that meets reporting criteria (at least 30 prescription and a confidence interval range that spans no more than 20 percentage points).
- Medical group performance rates are an aggregate of filled prescription written by any prescribing provider within the medical group.
- The numbers presented by each medical group (X/Y) represent providers within practice: X = # of providers meeting reporting criteria; Y = # of providers who wrote any related prescription.
- Groupings of Above/At/Below Regional Average consider whether medical group's rate significantly differs from the region rate (with 95 percent confidence interval applied).

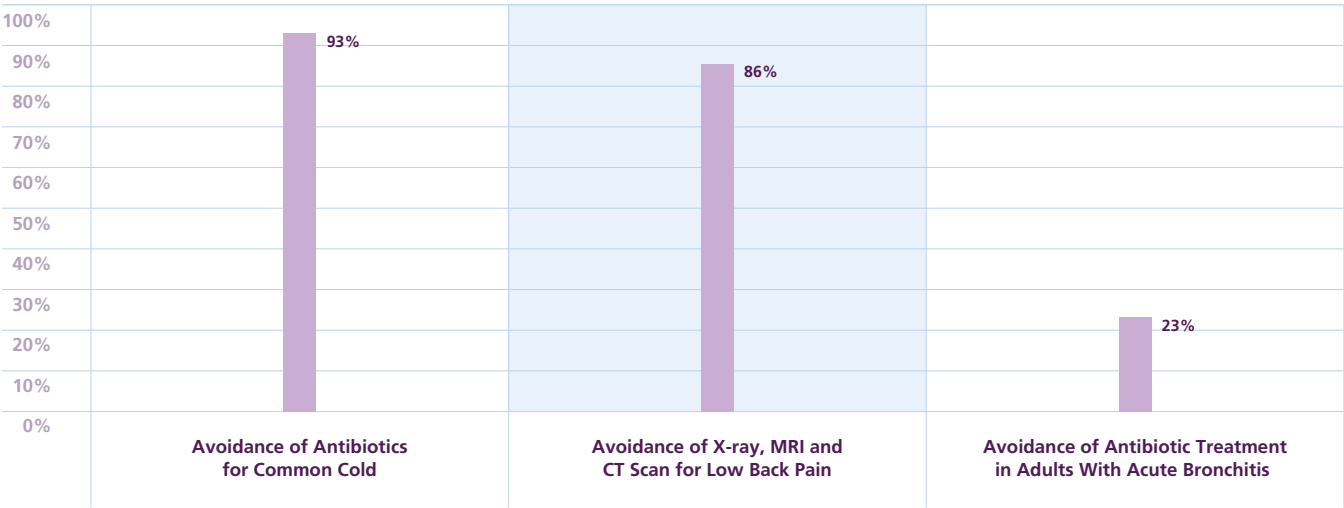
Appropriate Use of Services

- Care for commercially insured patients is at or above the 90th national percentile on all three measures. Care for Medicaid patients is nearly as good.
- The region performs poorly on avoidance of antibiotics for bronchitis.
- More than three out of four patients with bronchitis are inappropriately receiving antibiotics.

Despite what many people believe, more care is not always better care and in fact may harm patients by exposure to unnecessary risks or side effects, as well as extra cost. 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 one of the 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, more than three out of four patients with bronchitis receive prescriptions for antibiotics, even though the drugs will not help them and antibiotic overuse in general is leading to more drug resistant infections. In fact, the bronchitis measure represents the lowest regional average out of all measures in the Community Checkup.



Appropriate Use of Care



The percentages denote the regional average for each measure.

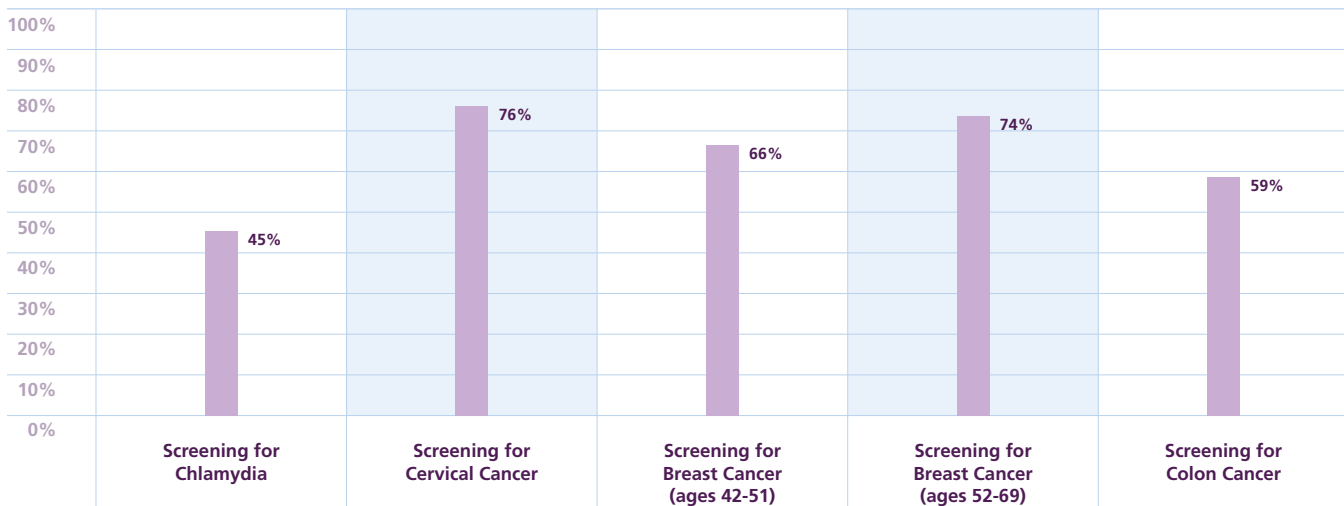
Preventive Care

- These measures show wide variation among medical groups.
- Overall performance for commercially insured patients is near or above the 90th national percentile for colon cancer screenings and cervical cancer screenings though the rates are still low.
- The region continues to perform poorly on Chlamydia screenings.

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 there is an opportunity for improvement in the level of care delivered regionally. Only about three out of four women receive recommended screenings for cervical and breast cancer. Even fewer patients receive appropriate screenings for colon cancer. Especially disappointing is the region's performance for Chlamydia screening, for which fewer than half of eligible women receive the preventive care they should receive.



Prevention



The percentages denote the regional average for each measure.

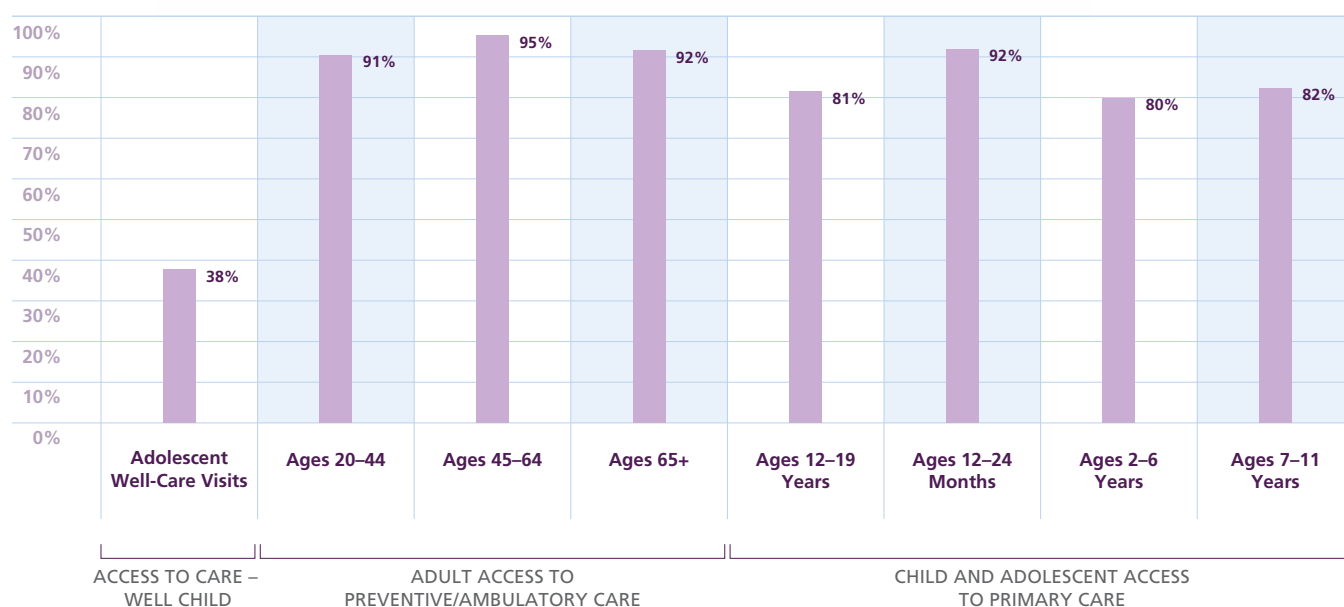
Access to Care

- Although the performance for some age groups is relatively high, there is room for improvement on all measures.
- The rate of adolescent well care visits in our region is disappointingly low.
- The rate for adolescent well-care visits for commercially insured patients is well below the national 90th percentile.

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 and are more likely to take prescribed medications, follow-through on other health care advice and have a better health care experience. Access for adults age 20 to 44 and age 45 to 64, as well for children age 12 to 24 months, is relatively high, with nine out of 10 patients in each of those categories seeing a primary care physician. By contract, fewer than four out of 10 adolescents are having well-care visits. While a variety of factors may contribute to this low level of performance, the region should be looking for ways to do a better job on this measure.



Access to Care



The percentages denote the regional average for each measure.



Hospital Quality Measures

The Community Checkup also includes results for more than 40 hospital measures, with results being drawn from several public sources into a “one-stop shop” to help hospitals, doctors and nurses, patients, health plans, employers, unions and others learn about hospital care across the Puget Sound region. Overall results for hospital performance show that care has improved over time, demonstrating that what gets measured, gets managed.



Heart Failure Care

- There is substantial variability in performance for this composite in our region.
- The results suggest real improvement for most hospitals over the six year period, with many hospitals demonstrating year-over-year gains.
- Several hospitals have seen dramatic improvement in their performance over time.

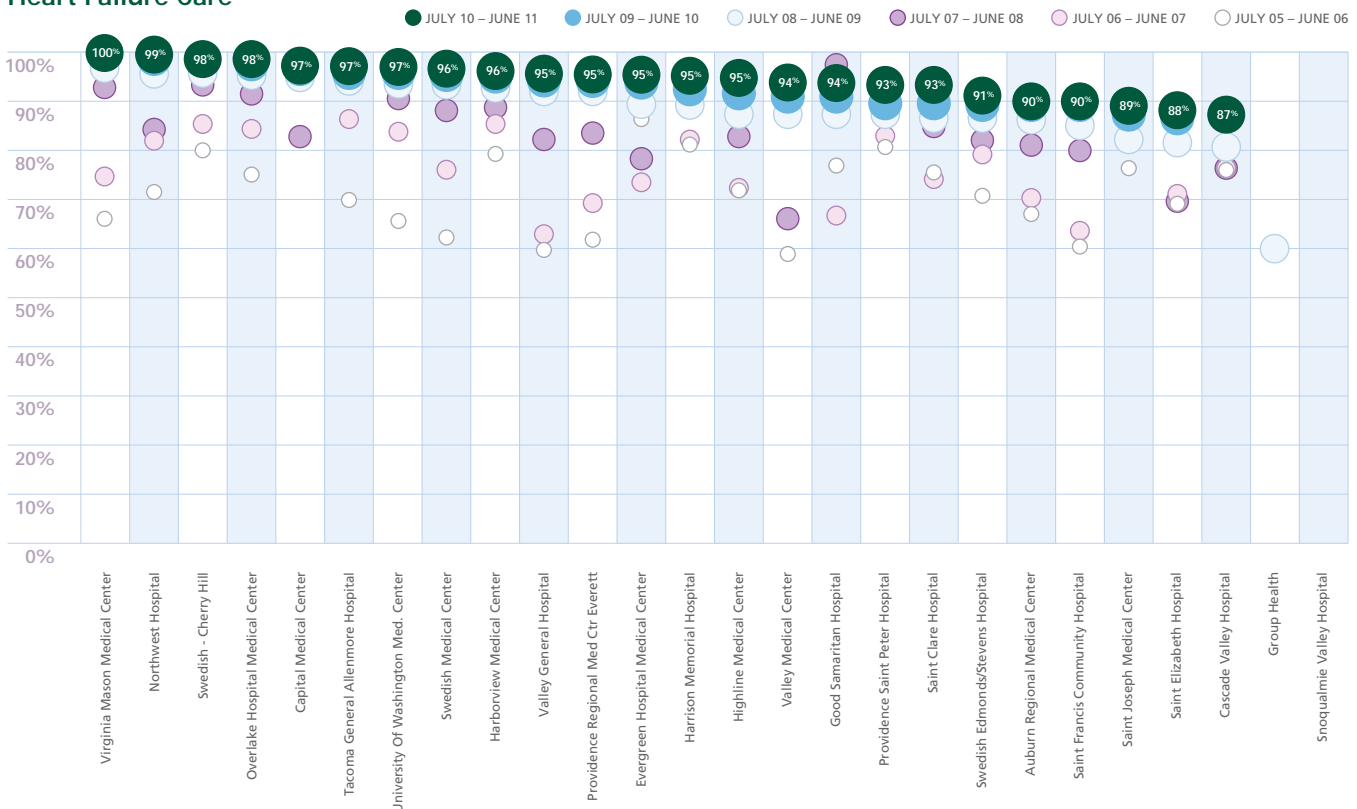


Patients who go to the hospital to be treated for heart failure should expect a series of actions to happen in the hospital, along with instructions to reduce risk and for care upon discharge. The composite rate displayed on this chart is the number of times a hospital performed the appropriate action for each of four heart failure measures, divided by the number of opportunities the hospital had to provide appropriate care for that condition. Several hospitals perform particularly well on these measures and may have developed best practices that could be shared across the community. Particularly heartening is the upward trend for results, with several hospitals improving by 30 percentage points or better over time.

The four measures in this composite are:

- A test of how the heart is pumping.
- Medicines given to improve heart function.
- Patients advised to stop smoking.
- Instructions given to patient upon release.

Heart Failure Care



Data from WhyNotTheBest.org for July 2010 to June 2011.

Surgical Care

- The range of variation in this composite has narrowed over time.
- Some hospitals have achieved dramatically better results of 20 percentage points or more over the six year period.
- Even hospitals that performed well originally continue to improve, demonstrating that even high performers can do better.

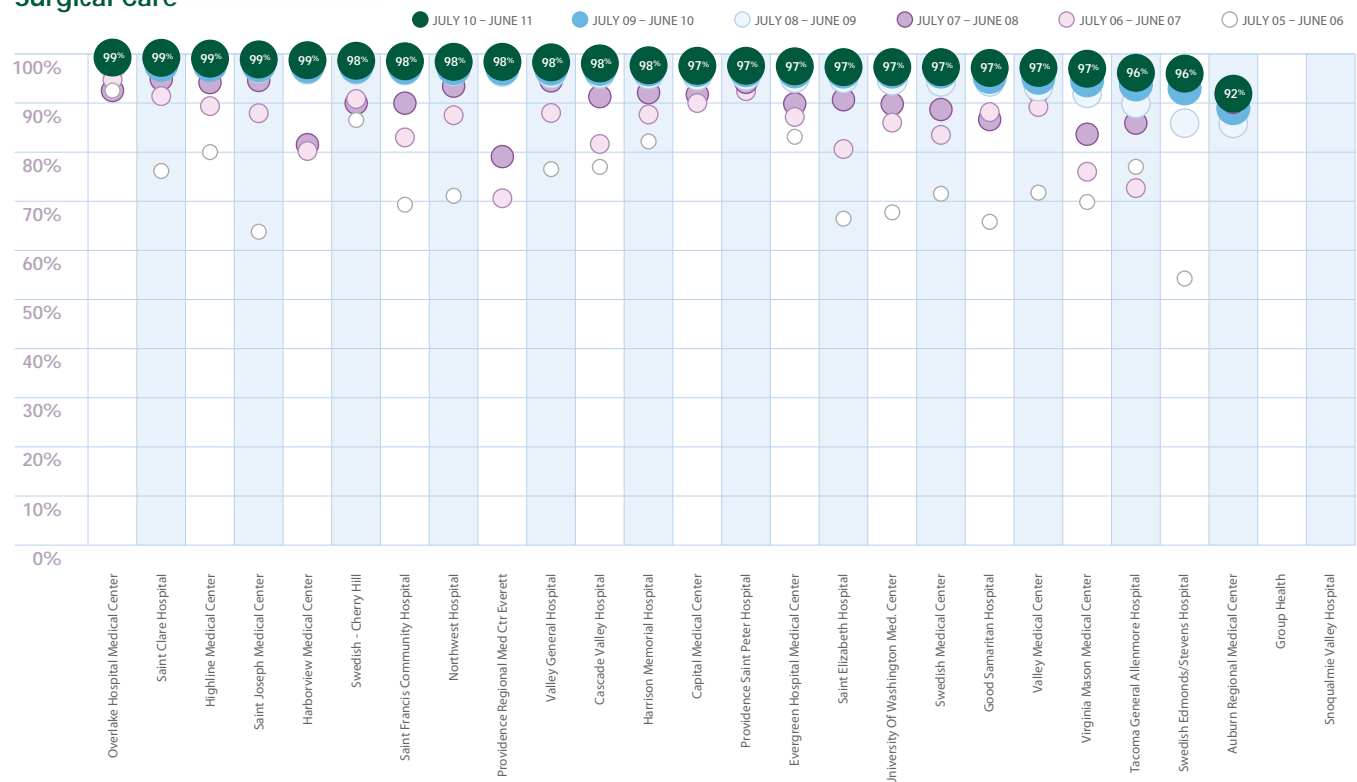


According to the Committee to Reduce Infection Deaths, about one in every 20 patients in U.S. hospitals gets an infection, and hospital infections cause more than 100,000 patient deaths a year. To lower the chance you will get an infection or blood clots, you should expect your doctor or health care team to follow certain steps, based on national guidelines for safe practices. This measure is a composite of seven different measures shown to reduce your risk of infection or complications from surgery. Overall, hospitals in the region perform well, with a majority showing improvement over time.

The seven measures in this composite are:

- Antibiotic within one hour of surgery.
- Antibiotics stopped within 24 hours after surgery.
- Correct antibiotic given.
- Blood clot treatment ordered.
- Blood clot treatment within 24 hours before and after surgery.
- Blood sugar control.
- Appropriate hair removal.

Surgical Care





Update from the Puget Sound Health Alliance

Now in its eighth year, the Puget Sound Health Alliance is dedicated to improving the quality and value of health care in our region. The Community Checkup is our signature report, but we continue to expand into new areas as part of our goal of providing a more complete picture of health care in our region. The past year has seen the Alliance expand its performance measurement and reporting, as well as its consumer engagement activities, while advancing its pioneering work in payment reform.



Resource Use: Understanding the Components and Cost of High-Volume Hospitalizations

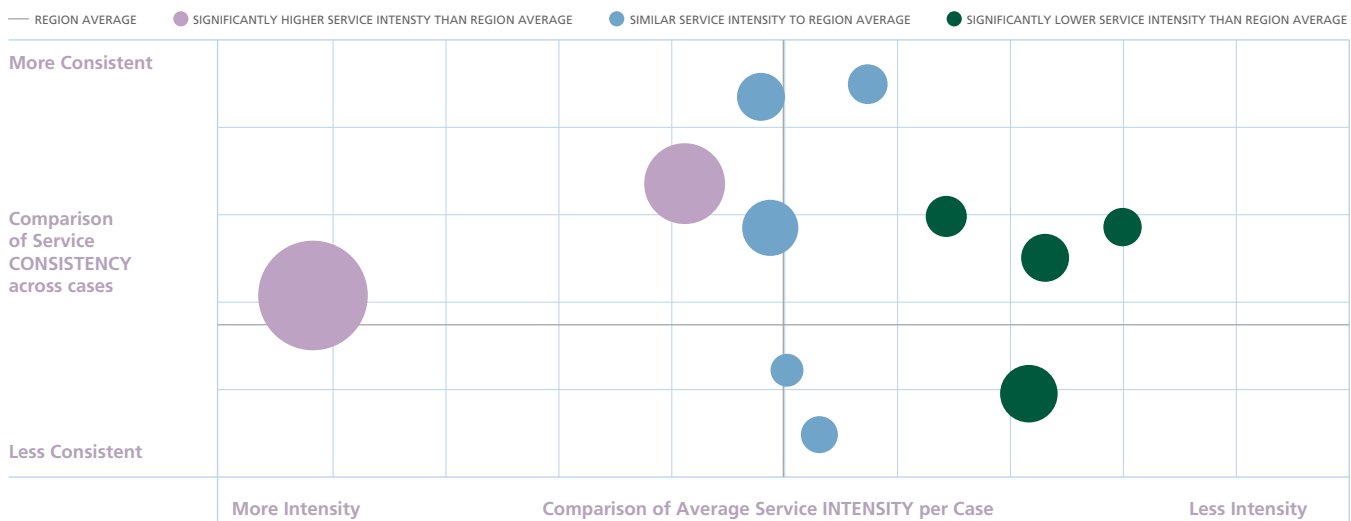
The Alliance updated its 2011 analysis on resource use for high-volume hospitalizations as one dimension of cost measurement. The resource use report uses the same commercial database as the Community Checkup to analyze the variation in the numbers of services delivered for more than 300 hospitalizations, of which a subset are highlighted (one example is below). The focus is on services that are preference-sensitive (i.e., where multiple treatment options exist) and/or supply-sensitive (i.e., the availability of services drives their use) and where variation may represent overuse.

The Alliance is looking at the service intensity of the treatment as well as the consistency with which it is delivered as an important step in assessing the value of our health care system. The first report from the Alliance, in which delivery systems had only their own performance identified, covered 2006 to 2009 and 10 types of hospitalizations. The new report covers the period from 2007 to 2010 and includes information on 35 severity-adjusted APR-DRGs. Delivery systems that are Alliance members received unblinded versions of the report, with all of the delivery systems identified by name. This same information was shared with purchasers and health plans that are Alliance members. This report is not publicly available at this time.

Comparative resource use data represent one of several steps aimed at helping providers assess the *value proposition* for current and prospective purchasers. The Alliance plans to add clinical outcomes results for Medicare patients — specifically the Inpatient Quality Indicators and the Patient Safety Indicators (from the Agency for Healthcare Research and Quality) — to bring measures of quality into the equation.

The Alliance is developing an approach to attach cost information to these hospitalizations. Thereafter, the Alliance plans to include an analysis of the variation in “buyer’s cost” in our region for many of the hospitalizations featured in the resource use reports. The results, together with resource use and quality metrics, will give purchasers who are Alliance members a new, more comprehensive view of which delivery systems offer higher value.

Dorsal & Lumbar Fusion



Your Voice Matters: The Region's First Comprehensive Patient Experience Survey

In May 2012, the Alliance produced results from the region's first comprehensive, publicly available survey of patients' experience in their doctor's office. The Alliance used a 48-question survey, based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician & Group 12-Month Survey, also known as the CG-CAHPS survey. This is the Alliance's first effort to understand patients' experience with their primary health care provider and the region's first public comparison across medical groups. The survey was mailed to close to 90,000 commercially-insured people in the Puget Sound area between October 2011 and January 2012, of whom 32,000 responded. The survey asked patients to report their experiences with their health care provider and the provider's office staff over the last 12 months.

In contrast, many patient surveys are based exclusively on the respondent's satisfaction ratings of their health care provider and other aspects of care. These patient satisfaction surveys use ratings, for example from excellent to poor, to reflect the patient's expectations and feelings, which can be very subjective. However, patient experience surveys are more helpful in understanding what can be done to improve performance. More importantly, patient experience is linked to improved health outcomes, while patient satisfaction has not been linked to outcomes in any meaningful way.

The Alliance report, titled *Your Voice Matters*, provided results for 40 medical groups with 156 clinics. The survey publicly reported data in four areas:

- Getting Timely Appointments, Care and Information (composite of five survey questions)
- How Well Providers Communicate with Patients (composite of six survey questions).
- Helpful, Courteous and Respectful Office Staff (composite of two survey questions)
- Patient's Rating of the Provider.

All of the medical groups and clinics received a comprehensive report on their full results. The Alliance received positive feedback from many medical groups about the survey and its usefulness.

Through this effort, the Alliance is striving to:

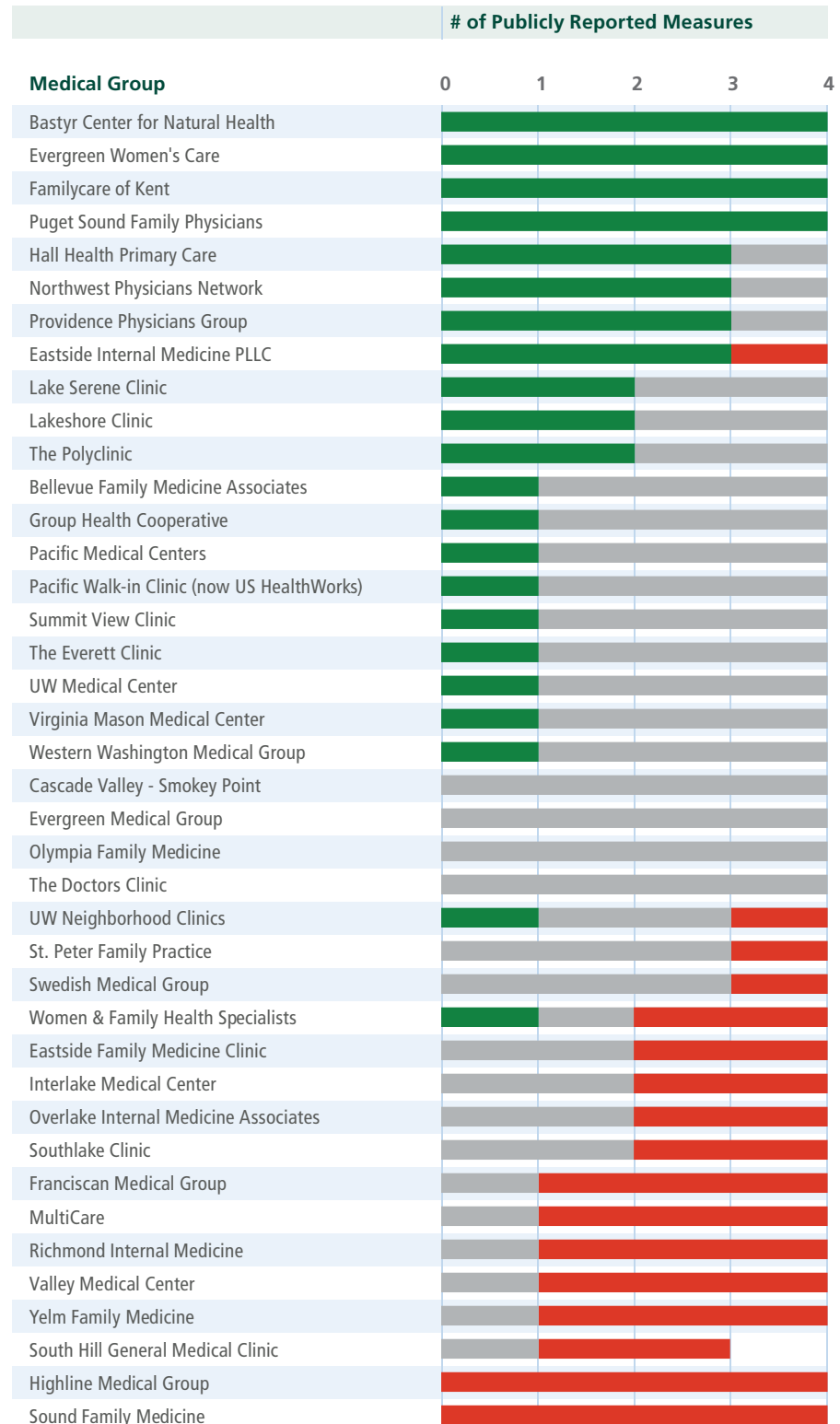
- Send clear signals for expected performance by measuring and publicly reporting patient experience in a standardized manner across medical groups and clinics with comparisons to the 90th percentile performance for the region;
- Support learning opportunities with actionable information for primary care practices to improve patient experience; and
- Activate consumers to better understand, expect and contribute to excellence in patient experience.

The graph to the right starts with those medical groups that report the highest number of above-regional-average scores from the patient experience survey. In clusters where multiple medical groups have the same number of above-average scores, those groups whose other scores are average are ranked first, in alphabetical order. The purpose of this chart is to provide a snapshot of the medical groups overall performance on the measures.

2011-2012 Patient Experience - Overview of Medical Group Results

(Source: Puget Sound Health Alliance)

■ BETTER ■ AVERAGE ■ BELOW



Purchaser Priorities

The impetus for cost transparency comes from the Alliance's purchasers, who are interested in rewarding higher value delivery systems. As a purchaser-led organization, the Alliance continues to seek ways to leverage the collective voice of purchasers to drive change in the region. The Alliance's Purchaser Affinity Group meets regularly to discuss areas of interest, particularly around value-based benefit design.

To help purchasers compare the performance of health plans in the region, the Alliance has used the national **eValue8™** Request for Information (RFI) tool owned and maintained by the **National Business Coalition on Health (NBCH)**. The Alliance, on behalf of its members, has worked with NBCH to conduct a rigorous evaluation of health plans in Washington state using the eValue8 tool in 2008, 2009 and 2010, and most recently in 2012. By sponsoring eValue8 in the Puget Sound region, Alliance participants have these shared objectives:

1. **Generate consistency in health plan assessment** that enables greater transparency of health plan performance and permits comparison within and across markets over time, including national benchmarks and best practices;
2. **Stimulate improved performance from health plans**, with a particular focus on information, systems and tools within the control of the plan to be used to encourage and support improved performance from providers and delivery systems, as well as promote healthy behavior for wellness and informed decision-making by consumers;
3. **Enable purchasers and plans to work collaboratively** to structure programs to reward value; and
4. **Inform purchasers' procurement decisions** about health insurance for their employees and dependents.

In 2012, five health plans participated in the process in this region: **Aetna, CIGNA, Group Health Cooperative, Regence Blue Shield** and **UnitedHealthcare**. A summary of the 2012 eValue8 results is available on the Community Checkup website.

Another area of interest for the Alliance is **avoidable Emergency Department (ED) use**. Safely avoiding the inappropriate and excessive use of expensive care, including potentially avoidable visits, is an essential component of efforts to improve the quality and affordability of health care. Too many people are using both hospital-based and freestanding EDs for non-urgent care and for conditions that can be safely and effectively treated in a primary care setting. EDs are being used for non-urgent care by both people who lack health insurance and those who do have health insurance.

An analysis done by the Alliance found there were 351,884 ED visits among the insured population (commercial, Medicaid) during a one year period (June 2010 – July 2011) for the five-county Puget Sound area; 12.3 percent of these visits (about 43,429) were potentially avoidable. The Alliance used a measure developed by the Medi-Cal Managed Care Division of the California Department of Health Care Services to determine avoidable ED visits, which uses a very conservative identification of diagnoses associated with avoidable ED use.

Ninety percent of people who are using EDs for *non-urgent care* are going for one or more of the following top 10 reasons:

1. Headache
2. Acute Upper Respiratory Infection
3. Lumbago (low back pain)
4. Urinary Tract Infection
5. Otitis media (ear infection)
6. Acute Pharyngitis (sore throat)
7. Acute Bronchitis
8. Backache
9. Issue Repeat Prescription
10. Conjunctivitis (eye infection)

Identifying the extent of avoidable ED use, along with the reasons for it, is an important first step to reducing inappropriate and expensive use of health care.

The Alliance is co-sponsoring with the state a **multi-payer medical home pilot** with common payment incentives to reduce avoidable ER and hospital visits. The pilot, which will last 32 months, launched in May 2011 and includes eight medical groups with 12 clinic locations and approximately 25,000 patients. The medical groups receive upfront payment with expectations for a reduction in potentially avoidable ED visits and/or ambulatory-sensitive inpatient admissions, while maintaining quality.

In addition to expanding on its strong foundation of performance measurement and reporting, the Alliance continues to advance performance improvement in our region. **The Washington State Medical Association (WSMA)** has taken the lead in the development of the Clinical Performance Improvement Network for medical practices to share information on improving results on these important metrics, a project in which the Alliance and Washington Academy of Family Physicians are also partnering.

To help consumers manage their own health care better, the Alliance also launched a consumer engagement campaign in August 2011. The campaign, titled **Own Your Health**, aims to educate consumers about the importance of their relationship with a primary care provider and their need to take an active role in communicating with their physician and following treatment plans. The campaign is directed at the workforce of Alliance purchasers, with King County and Sound Health and Wellness Trust the first purchasers to partner with the Alliance on the program.

The Alliance continues to move ahead with other plans for the future. We are supporting the work of the Bree Collaborative to reduce early elective deliveries in the region and hope to reflect their work in our public reporting. The Alliance plans to stratify data on the basis of race and language to identify health disparities in our region. Also under development is a health equity strategy to identify specific areas for improvement, based on available data. The Alliance is also developing a pilot to incorporate clinical results from electronic health records, to paint a fuller picture of the quality of care in the region.

About the Alliance

The Puget Sound Health Alliance was formed in 2004 as a nonprofit, nonpartisan 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 more than 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 known to be effective and to see there is variation in how consistently effective care is provided in clinics and hospitals in the region.

Board Members (August 2011 to July 2012)

Mark Adams, MD, Vice President, Medical Affairs & CMO, Franciscan Health System

Lloyd David, CEO/Executive Director, The Polyclinic (until April 2012)

David Fleming, MD, Director and Health Officer for Public Health - Seattle & King County, King County

Cathie Furman, RN, Senior Vice President, Quality and Compliance, Virginia Mason Medical Center

Lindsay Geyer, Chief Human Resources Officer, Port Blakely Companies

Joe Gifford, MD, Executive Medical Director, Regence BlueShield

David Grossman, MD, Medical Director, Preventive Care, Group Health Cooperative

Marilyn Guthrie, Manager of Benefits, Wellness, and Recognition, Recreational Equipment, Incorporated (REI)

David Hansen, Chief Executive Officer, Pacific Northwest, UnitedHealthcare

Steve Hill, Director, Washington State Department of Retirement Systems

Rod Hochman, MD, Group President, Providence Health Services (since April 2012)

Tom Hunt, Director of Compensation and Benefits, Puget Sound Energy

Florence Katz, Director, Employee Health Services, City of Seattle

Greg Marchand, Director, Benefits Policy and Strategy, The Boeing Company

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

Jim Messina, Senior Vice President and Chief Marketing Executive, Premera Blue Cross

Roger Neumaier, Director of Finance, Snohomish County

Yvonne Peters, Staff Attorney, Allied Employers, Inc.

Doug Porter, Medicaid Director, Administrator, Washington State Health Care Authority/Medicaid Purchasing Administration

Charissa Raynor, Executive Director, SEIU Healthcare NW Health Benefits Trust

Tom Richards, Managing Director, Employee Benefits, Alaska Air Group

Ron Sims, Community Representative, Former King County Executive and Deputy Director of the U.S. Department of Housing and Urban Development

Diane Zahn, Secretary/Treasurer, United Food & Commercial Workers Union Local 1001

Puget Sound Health Alliance Participants Current as of September 1, 2012

EMPLOYERS AND OTHER PURCHASERS

Alaska Air Group	Greater Seattle Chamber of Commerce	Recreational Equipment Inc. (REI)
The Boeing Company	King County	SEIU Healthcare
Carpenters Trusts of Western Washington	Knoll	NW Health Benefits Trust
City of Everett	Perkins Coie LLP	Snohomish County
City of Seattle	Pierce County	SPEEA
Davis Wright Tremaine, LLP	Point B	Starbucks
The Fearey Group	Port Blakely Companies	Union Trusts: United Food and Commercial Workers (UFCW)/ Teamsters Taft-Hartley Group
Federal Reserve Bank of San Francisco, Seattle Branch	Port of Seattle	
GMMB	Port of Tacoma	Washington State Health Care Authority
	Puget Sound Energy	

PHYSICIANS, OTHER HEALTH PROFESSIONALS AND HOSPITALS

Ballard Neighborhood Doctors	Lakeshore Clinic	Providence Health System – Washington
Bastyr University	Mercer Island Pediatrics	Puget Sound Cancer Centers
Cardiac Strategies Co., Inc.	MultiCare Medical Group	Puget Sound Family Physicians
Cardiovascular Consultants, Inc.	Neighborhood Health	Puget Sound Orthopaedics
Center for Diagnostic Imaging	Northwest Hospital & Medical Center	Qliance Medical Management
Donaldson Fitness & Physical Therapy	Northwest Kidney Centers	Quest Diagnostics
The Everett Clinic	Northwest Physicians Network	Radia
Evergreen Healthcare	Northwest Weight Loss Surgery	Seattle Cancer Care Alliance
Franciscan Health System	Optometric Physicians of Washington	Seattle OB/GYN Group
Franciscan Medical Group	Overlake Hospital Medical Center	Sound Family Medicine
Group Health Physicians	Overlake Surgery Center	Sound Mental Health
Harrison Medical Center	Pacific Medical Centers	Summit View Clinic
Highline Medical Group	Paladina Health	Swedish Health Services
Homewatch Caregivers of Western Washington	PeaceHealth	Tumor Institute Radiation Oncology Group, LLP
Institute of Complementary Medicine	Pediatric Associates	UW Medicine
Iverson Genetic Diagnostics Inc.	Physicians of Southwest Washington	Valley Medical Center
Kitsap Children's Clinic, LLP	The Polyclinic	Virginia Mason Medical Center
LabCorp - Dynacare Northwest	Proliance Surgeons	Willamette Dental Management

HEALTH PLANS, DENTAL PLANS, HEALTH NETWORKS AND THIRD PARTY ADMINISTRATORS

Aetna Health Plans of Washington	Coordinated Care	Premiera Blue Cross
Amerigroup Washington	First Choice Health Network	Regence Blue Shield
Cigna	Group Health Cooperative	United Health Group
Community Health Plan of Washington	Molina Healthcare of Washington, Inc.	VSP Vision Care
	ODS Companies	Washington Dental Service
		Zenith American Solutions

PHARMACEUTICAL MANUFACTURERS

Abbott Laboratories	GlaxoSmithKline	Novo Nordisk, Inc.
Allergan	Johnson & Johnson Health Care Systems, Inc.	Pfizer, Inc.
Boehringer-Ingelheim	Merck & Co., Inc.	Sanofi-aventis
Genentech	Novartis Pharmaceuticals Corp.	
Gilead Sciences		

BENEFITS CONSULTANTS AND BROKERS

Aon Hewitt	ClearPoint	Towers Watson
Baldwin Resource Group	Cummings, Fraser & Associates, LLC	TRUEbenefits LLC
Benefits Consulting Services, LLC	DiMartino Associates, Inc.	Wells Fargo Insurance Services USA
Brown & Brown Insurance	Mercer Human Resources Consulting	

INDEPENDENT CONSULTANTS

ChaseLane Consulting	Pembroke Solutions	Wallin Enterprises, LLC
Healthcare Actuaries	Taurus Performance Management, LLC	William Barnes Consulting

OTHER HEALTH-RELATED ORGANIZATIONS

Allied Health Advocates, LLC	Hagen Wall Consulting	The TriZetto Group
Association of Washington Healthcare Plans	Health Advocate	WA Academy of Family Physicians
Aukema & Associates	Inland Northwest Health Services	WA Association of Naturopathic Physicians
Castlight Health	King County Medical Society	WA Health Care Forum
CHS Health Services, Inc.	Milliman	WA State Health Insurance Pool
Clarity Health Services, Inc.	Navitus Health Solutions, LLC	WA State Hospital Association
Comprehensive Health Services, Inc.	ODS Companies	WA State Medical Association
Coopersmith Health Law Group	OneHealthPort	WA State Medical Oncology Society
DataWeb, Inc.	Physicians Insurance	WA State Nurses Association
Foundation for Health Care Quality	Qualis Health	
	SonoSite, Inc.	

COMMUNITY PARTNERS

American Cancer Society	Center for MultiCultural Health	Project Access Northwest
American Diabetes Association	Lifelong AIDS Alliance	Puget Sound Regional Council
American Heart Association	Mental Health Action	YMCA of Greater Seattle

INDIVIDUALS

Ron Feld, RN	Ellen Jensen	Sandra Rorem
Carmen Filbert	Susan Mahar	Margaret Stanley
Dorothy Graham	Christopher Mendez	Nancee Wildermuth



For more about the Alliance:
www.PugetSoundHealthAlliance.org

For the Community Checkup report:
www.WACommunityCheckup.org