

Quality and Total Cost

Quality/Cost = Value

Thurston County

County with highest Quality
relative to Total Cost of care

Cost of Health Services

Current Commercial Risk-
Adjusted Spending by Service



Variations in Care

Compliance with recommended
screenings

67%

Percent of women screened for
breast cancer, Benchmark
National 90th percentile = 78%

WA Healthcare Spending

Change in Medicaid spending per
enrollee 2020 to 2021

0%

WA State Medicaid annual
spending per enrollee

Commercial Quality

Comparison to National
Benchmarks

19%

Quality scores above the 50th
percentile nationally

Medicaid Quality

Comparison to National
Benchmarks

26%

Quality scores above the 50th
percentile nationally

Pharmacy Costs

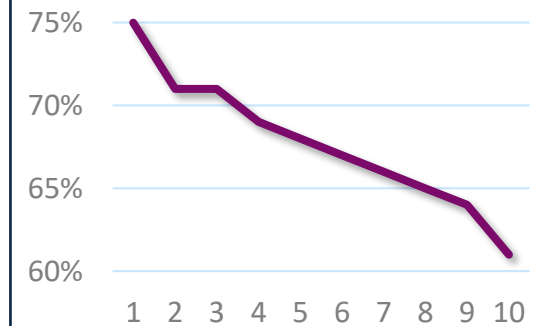
Average costs for commercially
insured medications

\$85

Prescription drugs costs, risk
adjusted, per member per month

Quality results by Area Deprivation Index

Neighborhood impact on quality



breast cancer screening
commercially insured

Community Check-Up Release 2023

Washington Health Alliance
March 7, 2023

Supported by a
sponsorship from

Genentech
A Member of the Roche Group

© 2023 Washington Health Alliance. Proprietary, all rights reserved.
This material may not be reproduced or modified without the prior permission of the Alliance.



Leading health system improvement

Agenda

- 17th WHA Community Checkup Reporting
- Quality in WA compared nationally
- Total Cost of Care (TCoC) results
- Primary care impact on quality in Washington
- Does where a person live impact quality?
- Panel discussion on results, future work and a call to action

What is the Community Checkup?

- 4+ million members – blinded to PHI
- Data supplied by 30+ entities
- Data is for full year 2021
- Comparisons to State averages by insurance type
- Comparisons to target NCQA 90th percentile
- **New in report**
 - Members with claims but no PCP reported on for quality scoring
 - Neighborhood Atlas (Area Deprivation Index or ADI) applied to the quality measures across 10 deciles

Quality of Care in Washington

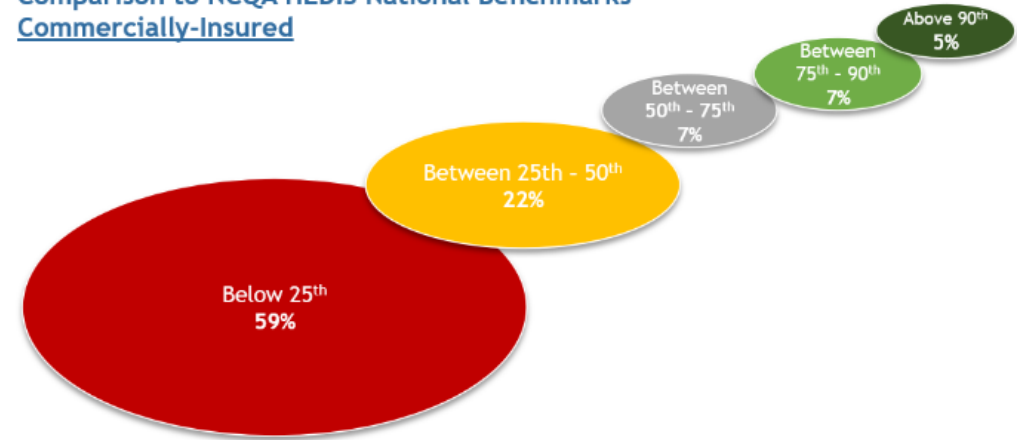
Commercially Insured

- 81% of measures BELOW the 50th percentile
- In 2022, 72% below 50th percentile, 45% < 25th
- In 2018, 58% below 50th percentile, 34% < 25th

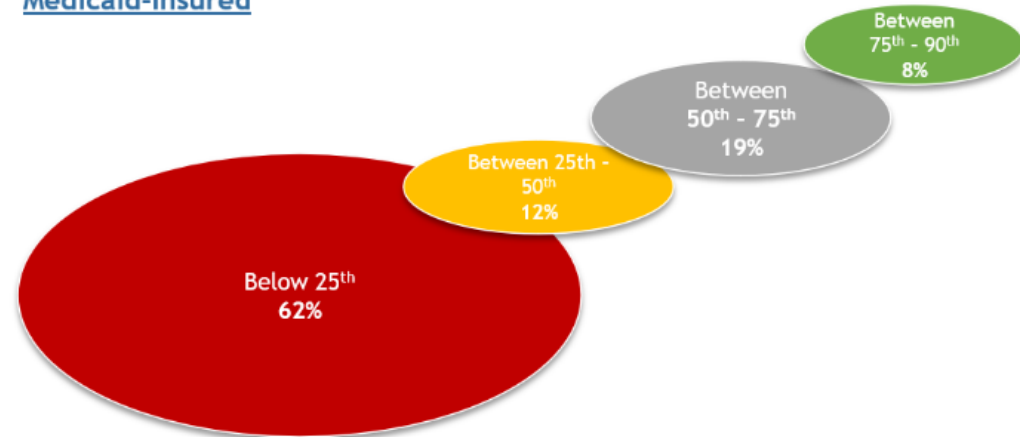
Medicaid

- 74% of measures BELOW the 50th percentile
- In 2022, 68% below 50th percentile, 50% < 25th
- In 2018, 78% below 50th percentile, 46% < 25th

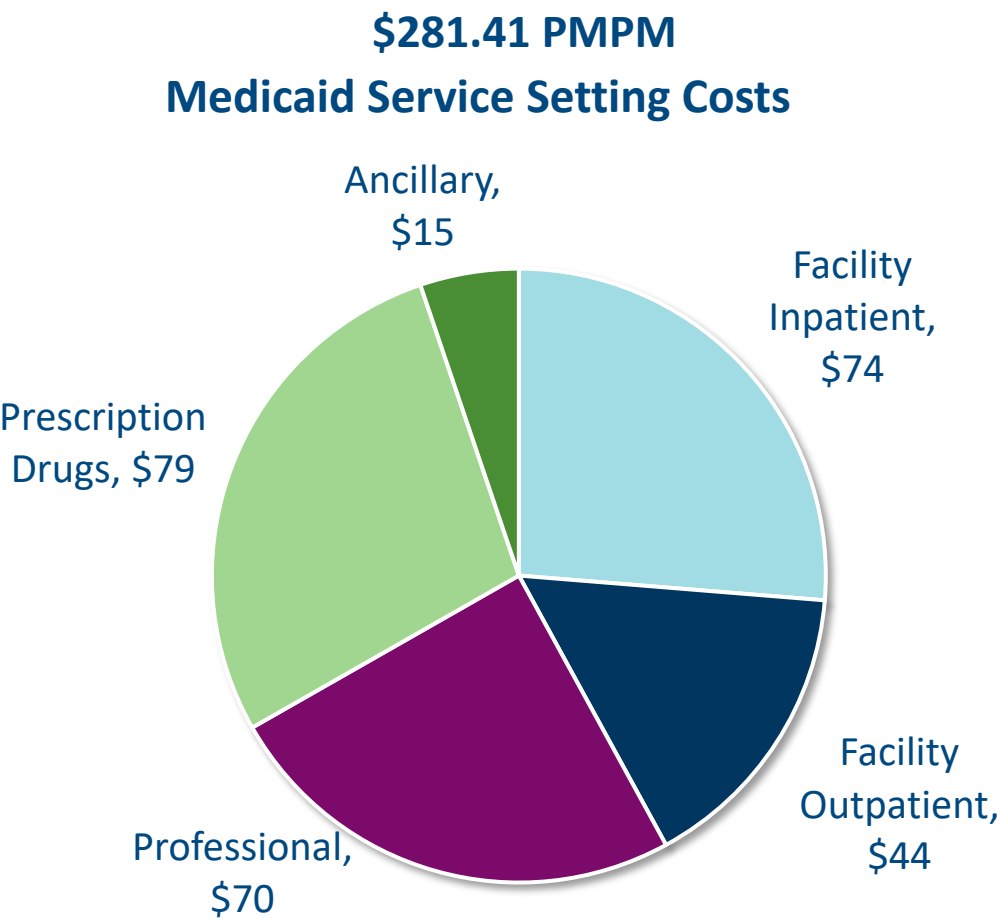
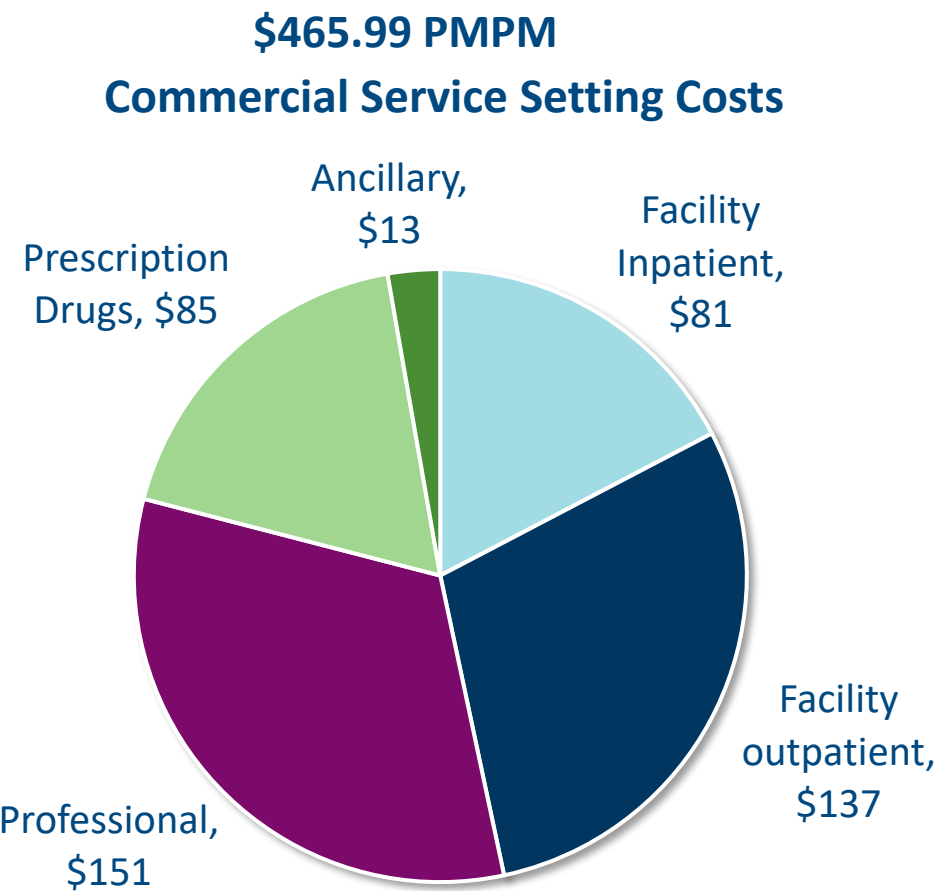
Washington State Results
Comparison to NCQA HEDIS National Benchmarks
Commercially-Insured



Washington State Results
Comparison to NCQA HEDIS National Benchmarks
Medicaid-Insured

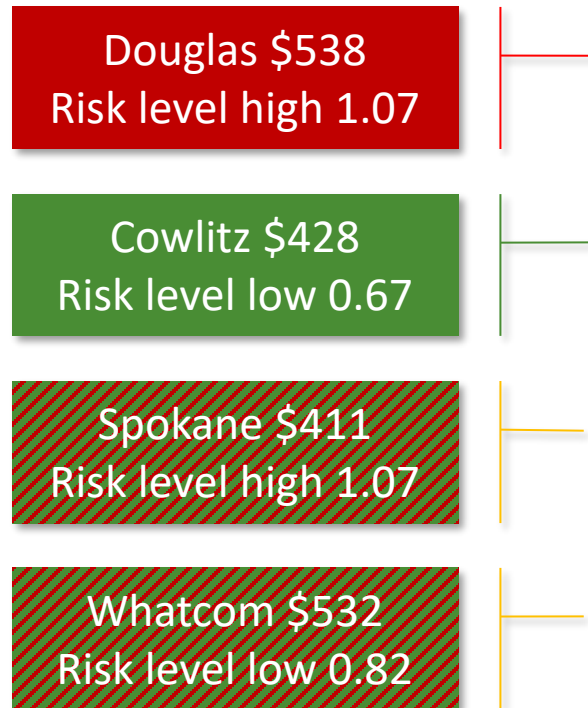


Total Cost of Care

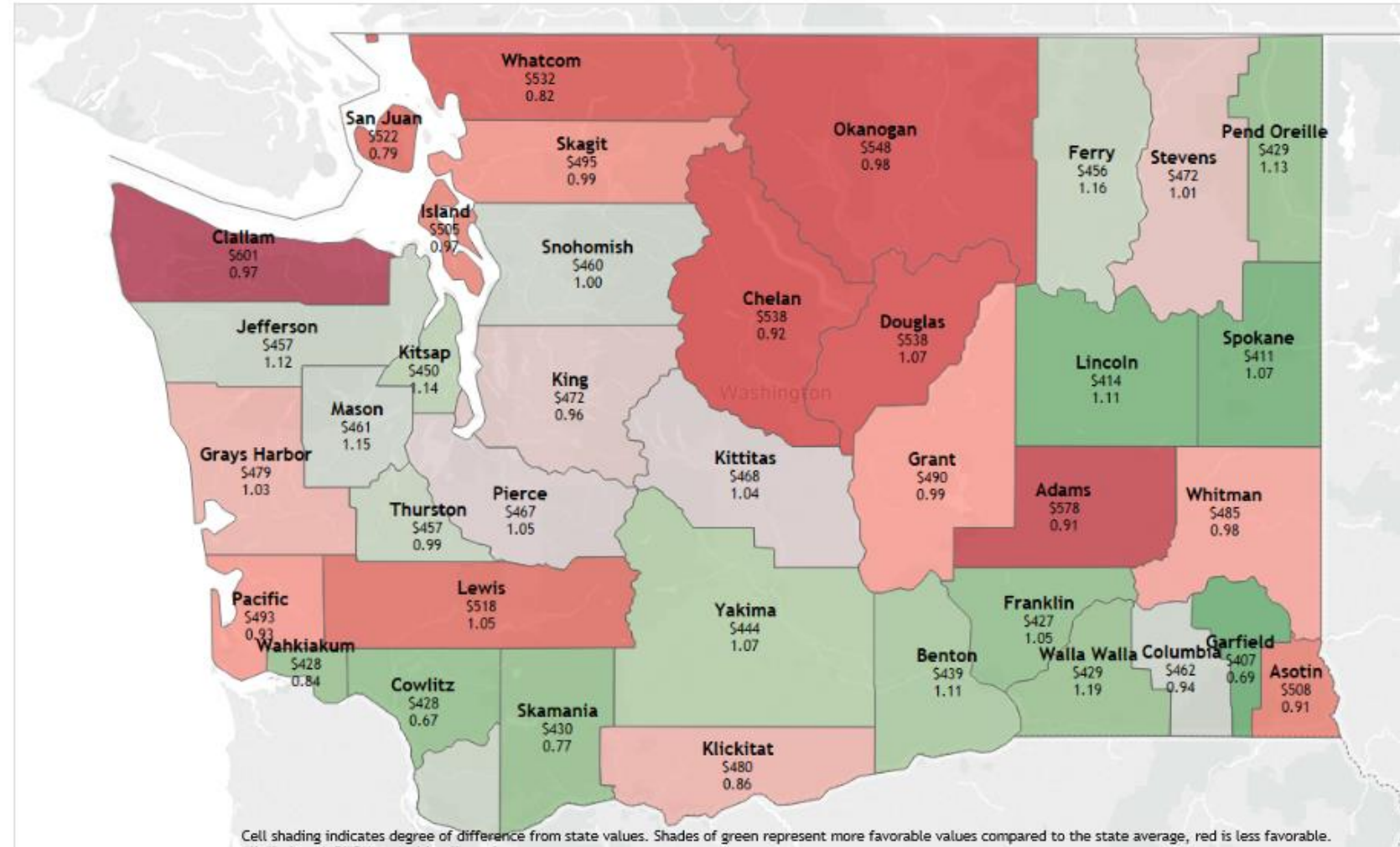


Total Cost of Care

Commercial Insurance by county



Report Year: ☐ 2021 ☐ 2022 ☒ 2023
Insurance Type: ☒ Commercial ☐ Medicaid
Entity Type: ☒ County ☐ ACH
Service Setting:
Show Cost or Difference from State Cost?: ☒ Cost Per Month ☐ Difference From State



Quality Composite Score and Total Cost of Care

Commercial Insurance,
County view

Quality and Total Cost

Quality/Cost = Value

Thurston County

County with highest Quality
relative to Total Cost of care

Place or organization	Quality Composite Percentile	Quality Composite Score	Total Cost of Care Percentile*
Thurston	67.10%	0.443	60.0%
King	64.56%	0.373	45.5%
Snohomish	61.63%	0.296	59.1%
Whitman	61.63%	0.296	16.1%
Spokane	59.03%	0.228	93.2%
Walla Walla	58.78%	0.222	75.2%
Pierce	56.35%	0.160	51.3%
Island	54.15%	0.104	22.8%
Kittitas	52.82%	0.071	24.5%
Benton	52.66%	0.067	70.0%
Kitsap	52.10%	0.053	72.7%
Chelan	51.41%	0.035	1.4%
Whatcom	50.99%	0.025	4.3%
Skagit	48.50%	-0.038	22.1%
Douglas	47.81%	-0.055	2.1%
Jefferson	43.48%	-0.164	59.3%
Clark	43.32%	-0.168	43.6%
Lewis	42.76%	-0.183	16.4%
Mason	41.68%	-0.210	41.3%
Franklin	39.36%	-0.270	86.2%
Yakima	37.15%	-0.328	72.2%
Clallam	35.66%	-0.367	0.1%
Lincoln	29.48%	-0.539	70.1%
Grays Harbor	26.83%	-0.618	21.0%
Grant	26.65%	-0.623	24.1%
Adams	26.43%	-0.630	42.2%
Stevens	25.87%	-0.648	30.0%
Klickitat	25.78%	-0.650	25.7%
Pacific	25.77%	-0.651	15.9%

Place or organization	Quality Composite Percentile	Quality Composite Score	Total Cost of Care Percentile*
Spokane	59.03%	0.228	93.2%
Franklin	39.36%	-0.270	86.2%
Cowlitz	16.27%	-0.984	82.0%
Walla Walla	58.78%	0.222	75.2%
Kitsap	52.10%	0.053	72.7%
Yakima	37.15%	-0.328	72.2%
Lincoln	29.48%	-0.539	70.1%
Benton	52.66%	0.067	70.0%
Thurston	67.10%	0.443	60.0%
Jefferson	43.48%	-0.164	59.3%
Snohomish	61.63%	0.296	59.1%
Pierce	56.35%	0.160	51.3%
King	64.56%	0.373	45.5%
Clark	43.32%	-0.168	43.6%
Adams	26.43%	-0.630	42.2%
Mason	41.68%	-0.210	41.3%
Stevens	25.87%	-0.648	30.0%
Asotin	9.31%	-1.322	25.8%
Klickitat	25.78%	-0.650	25.7%
Kittitas	52.82%	0.071	24.5%
Grant	26.65%	-0.623	24.1%
Island	54.15%	0.104	22.8%
Skagit	48.50%	-0.038	22.1%
Grays Harbor	26.83%	-0.618	21.0%
Lewis	42.76%	-0.183	16.4%
Whitman	61.63%	0.296	16.1%
Pacific	25.77%	-0.651	15.9%
Okanogan	18.52%	-0.806	10.2%

Commercial Insurance, County view



Impact of Primary Care on Quality

- Doesn't everyone already have a PCP?
 - **Commercial enrollees** 34.1% do not attribute to a PCP
 - 19.8% with a claim but no PCP
 - 14.3% without any claim
 - **Medicaid enrollees** 39.3% do not attribute to a PCP
 - 20.1% with a claim but no PCP
 - 19.2% without any claim

Impact on Care of not having a Primary Care Provider

Clinical Measure Commercial Insured	State Average	HEDIS Ranking	Best Practice National 90 th Percentile	Best in State	<i>Had claims but no PCP</i>
Breast Cancer Screening	67%	<25 th	78%	91%	36%
Colon Cancer Screening	61%	25 th – 50 th	72%	88%	36%
Cervical Cancer Screening	48%	<25 th	67%	95%	36%
Diabetes (annual HbA1c)	76%	<25 th	91%	96%	61%
Avoiding imaging for Acute LBP	76%	75 th – 90 th	81%	93%	81%
Well Child Visits total	45%	<25 th	73%	78%	8%
Asthma Medications ratio	80%	25 th – 50 th	88%	91%	72%

Best In Class Quality – Commercial Insured

Clinical Measure	State Average	HEDIS Ranking	Best Practice National 90 th Percentile	Top Clinic in WA	Score
Breast Cancer Screening	67%	<25 th	78%	Eastside Family Medicine	91%
Colon Cancer Screening	61%	25 th – 50 th	72%	UW – Digestive Disease	88%
Cervical Cancer Screening	61%	<25 th	80%	Spokane OB/GYN	95%
Diabetes (annual HbA1c)	83%	<25 th	94%	North Sound Family Medicine; Ferndale Family Medicine; Multicare Rockwood	96%
Avoiding imaging for Acute LBP	82%	75 th – 90 th	85%	South Sound Women's Center	93%

Best In Class Quality – Medicaid Insured

Clinical Measure	State Average	HEDIS Ranking	Best Practice National 90 th Percentile	Top Clinic in WA	Score
Breast Cancer Screening	39%	<25 th	61%	Grand View Medical-Dental; Valley Vista Medical Group	80%
Colon Cancer Screening	39%			Confluence Health - WVH Campus - Primary Care	73%
Cervical Cancer Screening	48%	<25 th	67%	MultiCare Tacoma Women's Specialists	87%
Diabetes (annual HbA1c)	76%	<25 th	91%	Community Health Center of Snohomish County – Arlington	95%
Avoiding imaging for Acute LBP	76%	75 th – 90 th	81%	Sea Mar CHC – Vancouver; Snohomish CHC Lynnwood; Univ. WA Women's Health Center	86%

Where you live matters: The Neighborhood Atlas

<https://www.neighborhoodatlas.medicine.wisc.edu/>

The Neighborhood Atlas is based on a measure created by the Health Resources & Services Administration over two decades ago for primarily county-level use

Refined, adapted, and validated to the Census block group/neighborhood level by Amy Kind, MD, PhD and her research team called the Area Deprivation Index (ADI)

Allows for rankings (groupings) of neighborhoods by socioeconomic disadvantage in a region of interest, e.g., statewide or nationally

Includes domains of **income, education, employment, and housing quality**

Can be **used to inform health delivery and policy**, especially for the most disadvantaged neighborhood groups

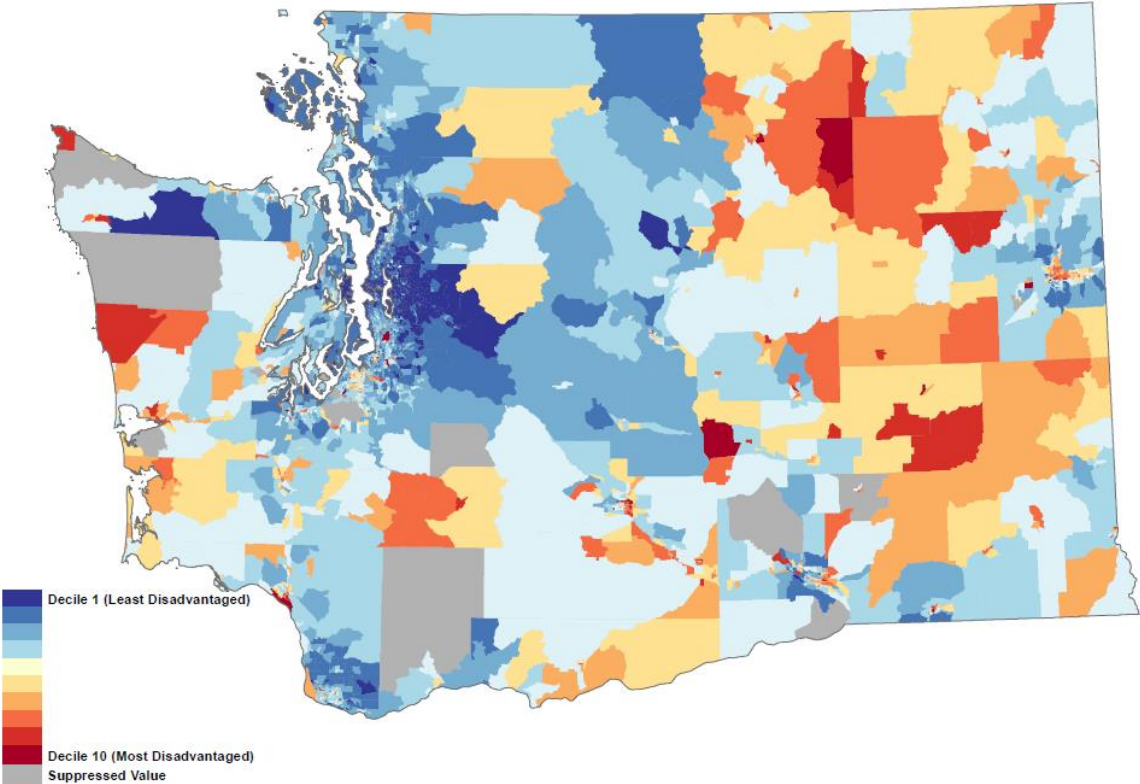
Has been **correlated with health outcomes** including all-cause cardiovascular, cancer, and childhood mortality; cervical cancer prevalence; etc.

Contents of the Area Deprivation Index

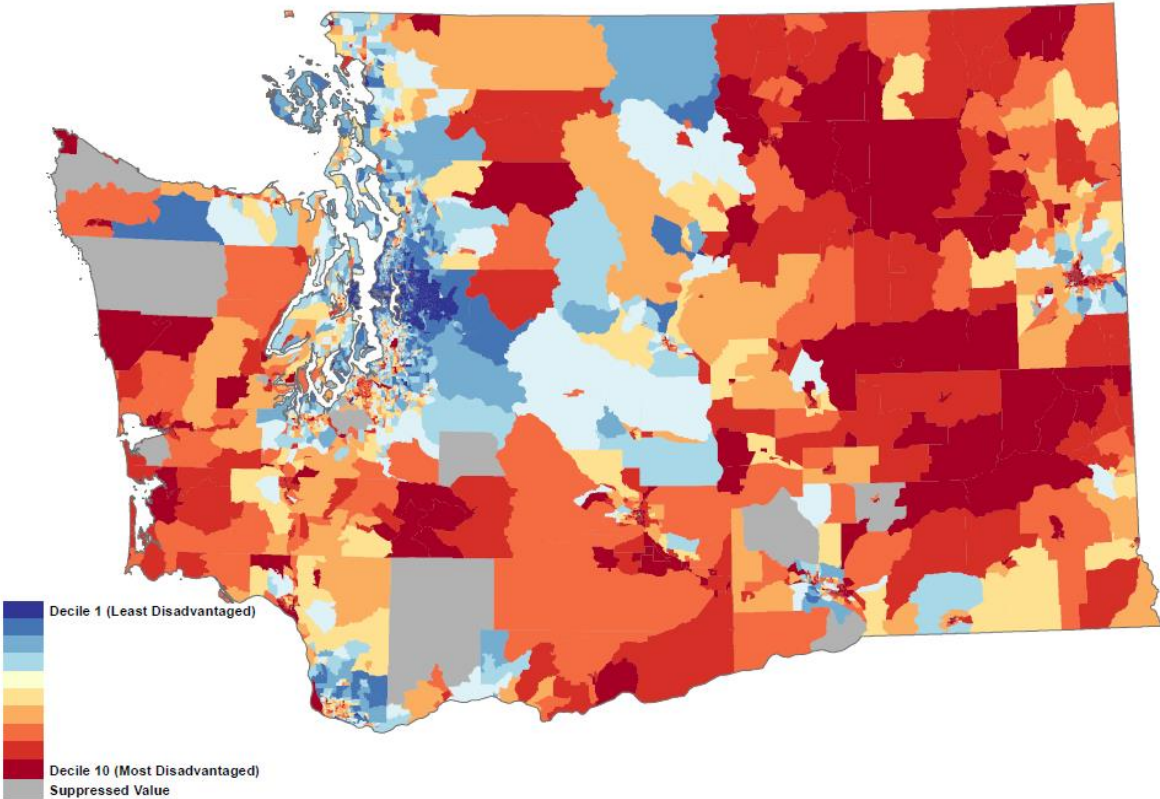
<ul style="list-style-type: none"> • Percent of population aged ≥ 25 years with < 9 years of education 	<ul style="list-style-type: none"> • Percent of civilian labor force population ≥ 16 years of age unemployed
<ul style="list-style-type: none"> • Percent of population aged ≥ 25 years with less than a high school diploma 	<ul style="list-style-type: none"> • Percent of families below the poverty level
<ul style="list-style-type: none"> • Percent of employed persons ≥ 16 years of age in white-collar occupations 	<ul style="list-style-type: none"> • Percent of population below 150% of the poverty threshold
<ul style="list-style-type: none"> • Median family income 	<ul style="list-style-type: none"> • Percent of single-parent households with children < 18 years of age
<ul style="list-style-type: none"> • Income disparity 	<ul style="list-style-type: none"> • Percent of households without a motor vehicle
<ul style="list-style-type: none"> • Median home value 	<ul style="list-style-type: none"> • Percent of households without a telephone
<ul style="list-style-type: none"> • Median gross rent 	<ul style="list-style-type: none"> • Percent of occupied housing units without complete plumbing
<ul style="list-style-type: none"> • Median monthly mortgage 	<ul style="list-style-type: none"> • Percent of households with more than one person per room
<ul style="list-style-type: none"> • Percent owner-occupied housing units 	

ADI deciles for Washington state

Scaled nationwide



Scaled statewide



Impact of how where you live influences care

Quality Measures by ADI

EntityType (EntityType...)

☐ ACH

☐ County

☐ Medical Group

☒ State

Insurance Type

☒ Commercial

☒ Medicaid

Entity Name

WA

Category Name

Managing medications

ADI Decile

(Multiple values)

Show State Average

☒ Yes

☐ No

Show Chart Labels

☐ Better than state average

☐ Worse than state average

☐ Both

☒ None

Legend

Commercial, Rate

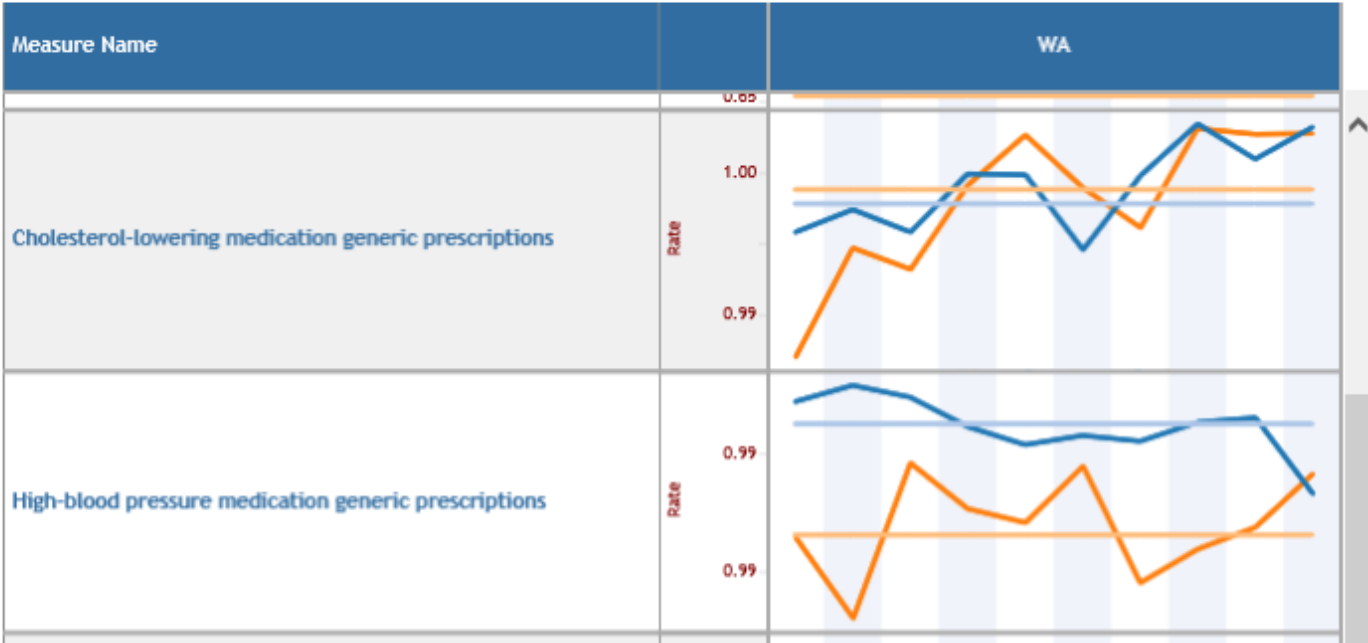
Commercial, State Rate

Medicaid, Rate

Medicaid, State Rate

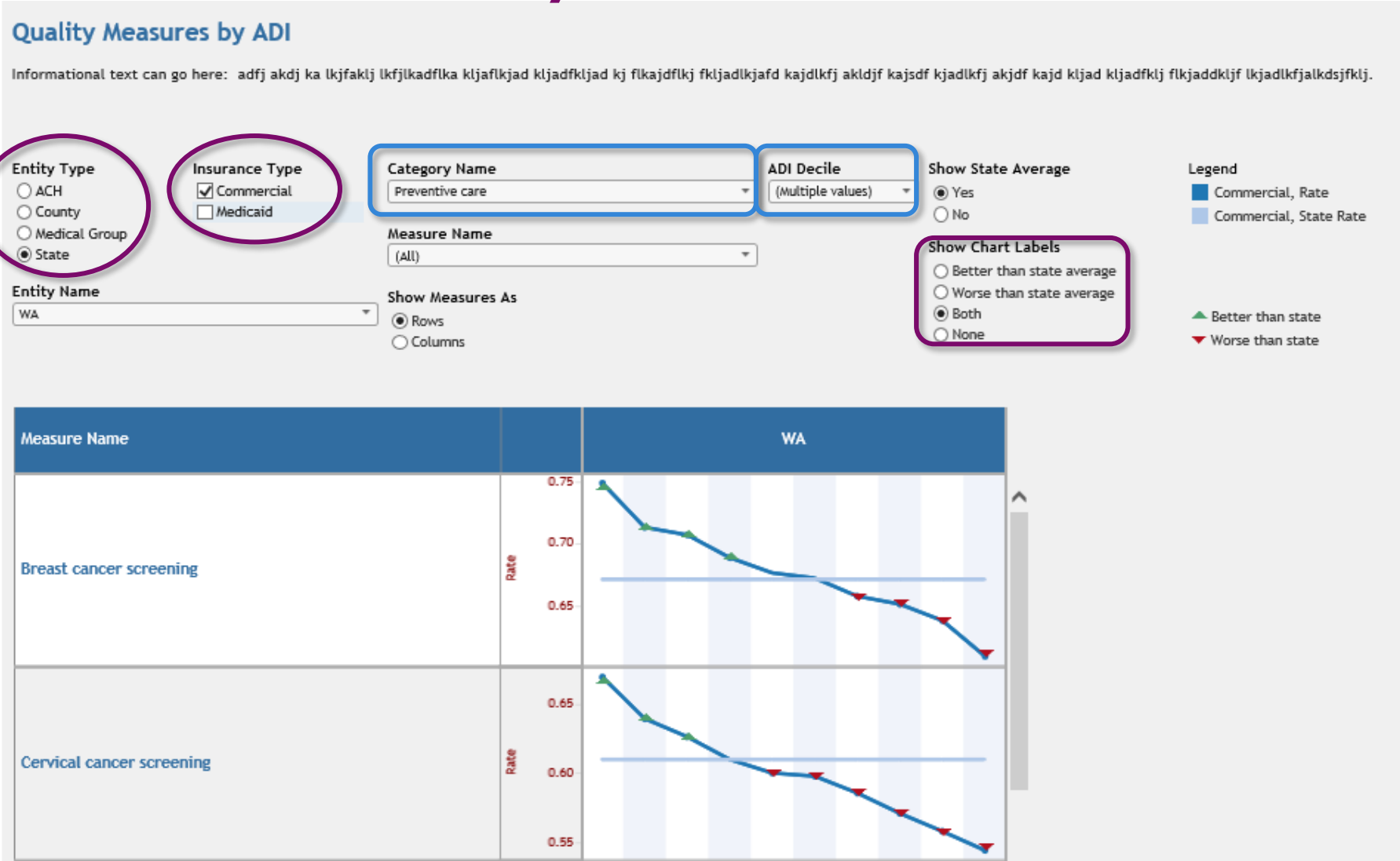
▲ Better than state

▼ Worse than state

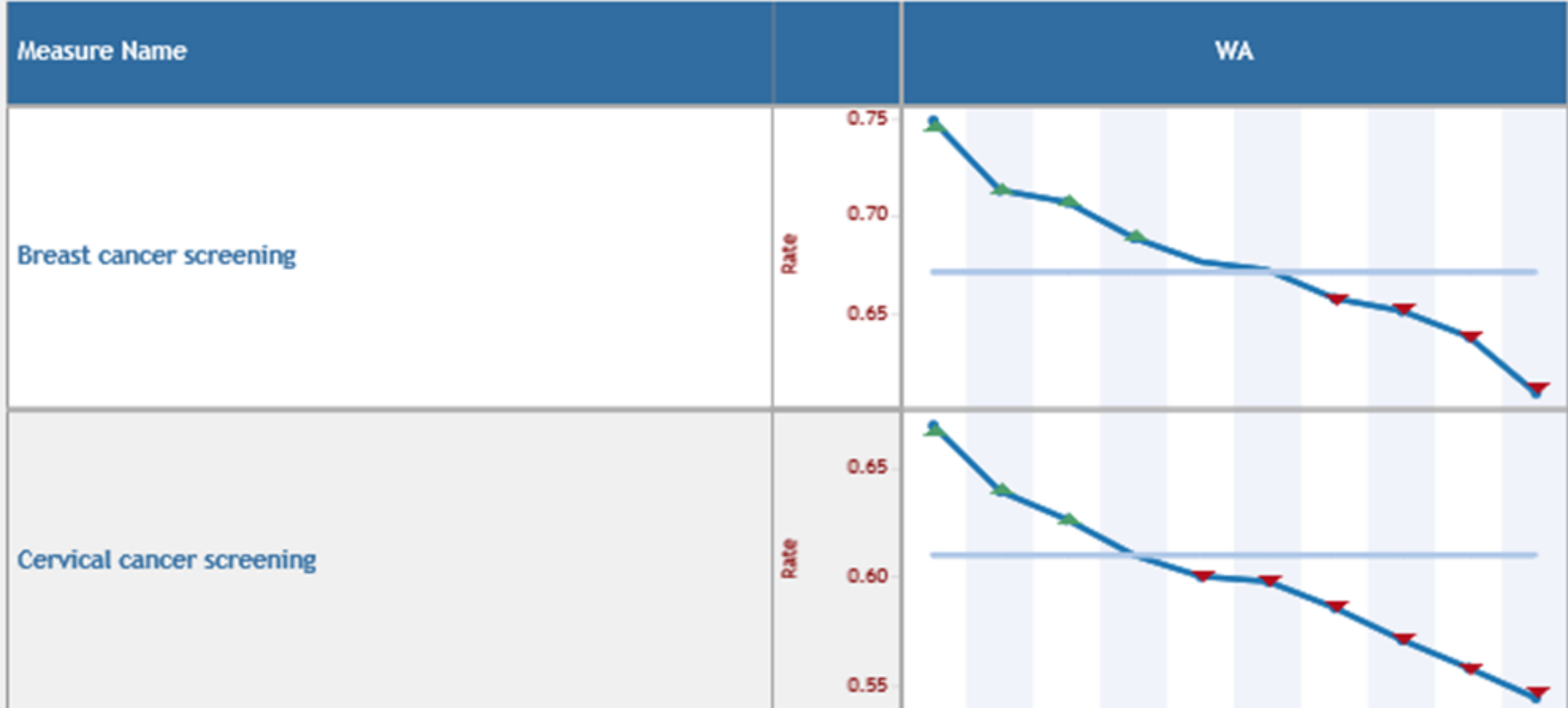


Quality Scores all between 99% – 100% for both Commercial and Medicaid

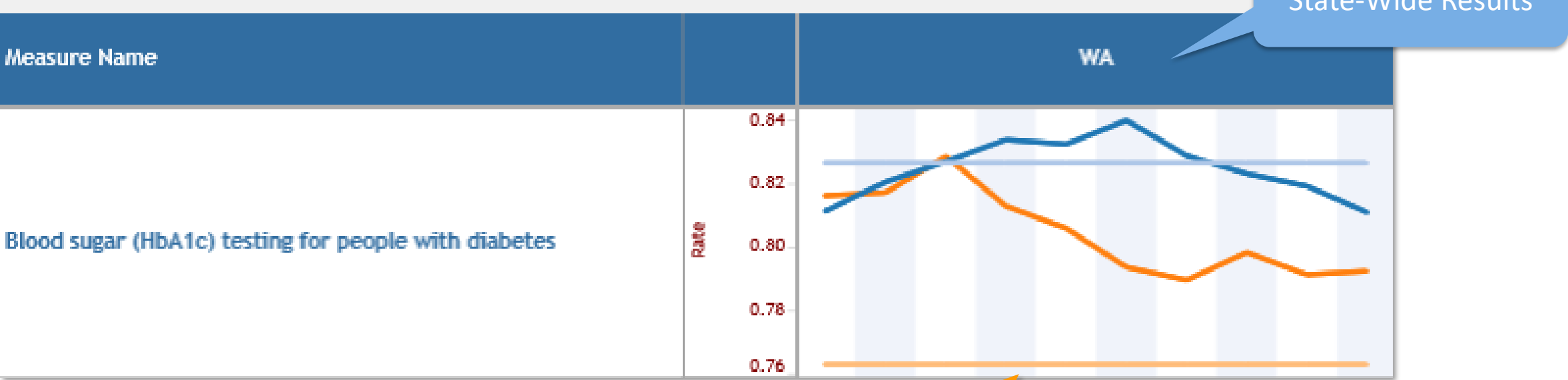
Impact of how where you live influences care



Impact of how where you live influences care



How do I look at these results to better understand?



HEDIS 90 th Percentile	Best in State
Commercial = 94%	96%
Medicaid = 91%	95%

Why is the average lower?

How do I look at these results to better understand?



HEDIS 90 th Percentile	Best in State
Commercial = 94%	96%
Medicaid = 91%	95%

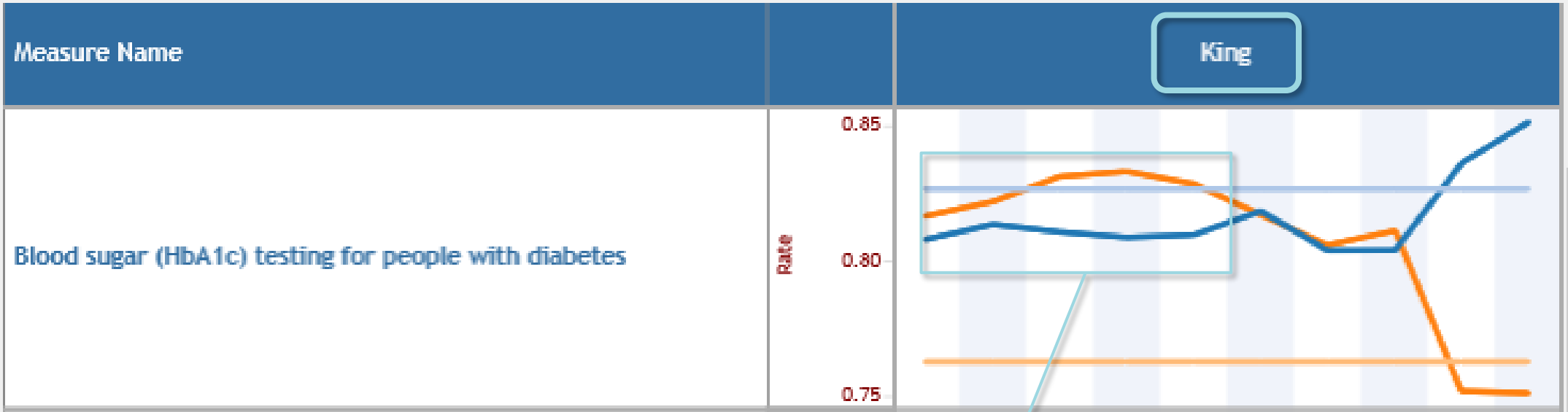
How do I look at these results to better understand?



HEDIS 90 th Percentile	Best in State
Commercial = 94%	96%
Medicaid = 91%	95%

The gap in care widens in the less advantaged areas in WA

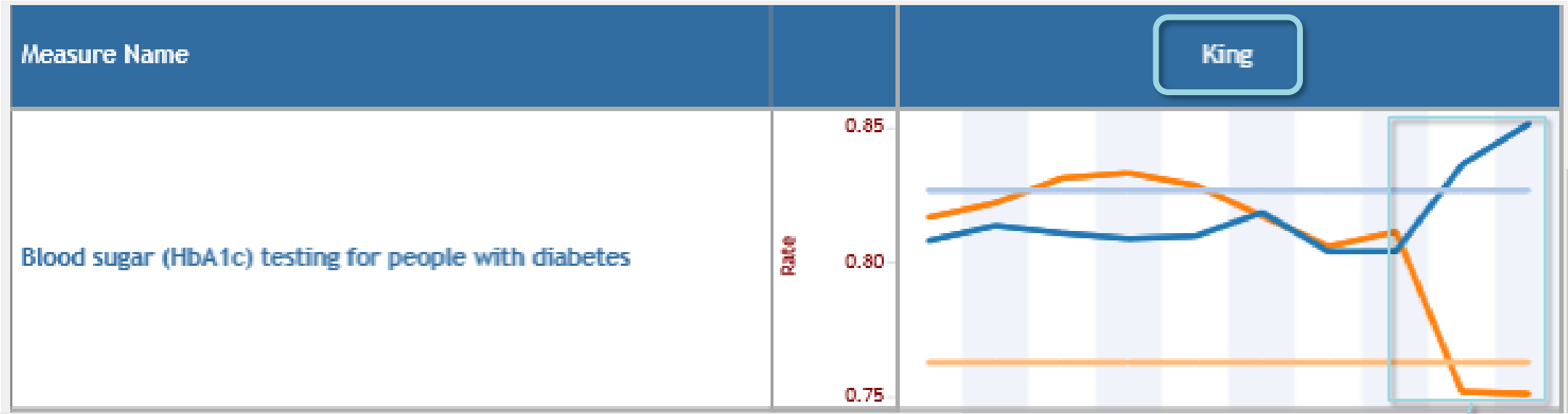
How do I look at these results to better understand?



HEDIS 90 th Percentile	Best in State
Commercial = 94%	96%
Medicaid = 91%	95%

In more advantaged areas in King County, Medicaid enrollees have a higher quality score in this measure

How do I look at these results to better understand?



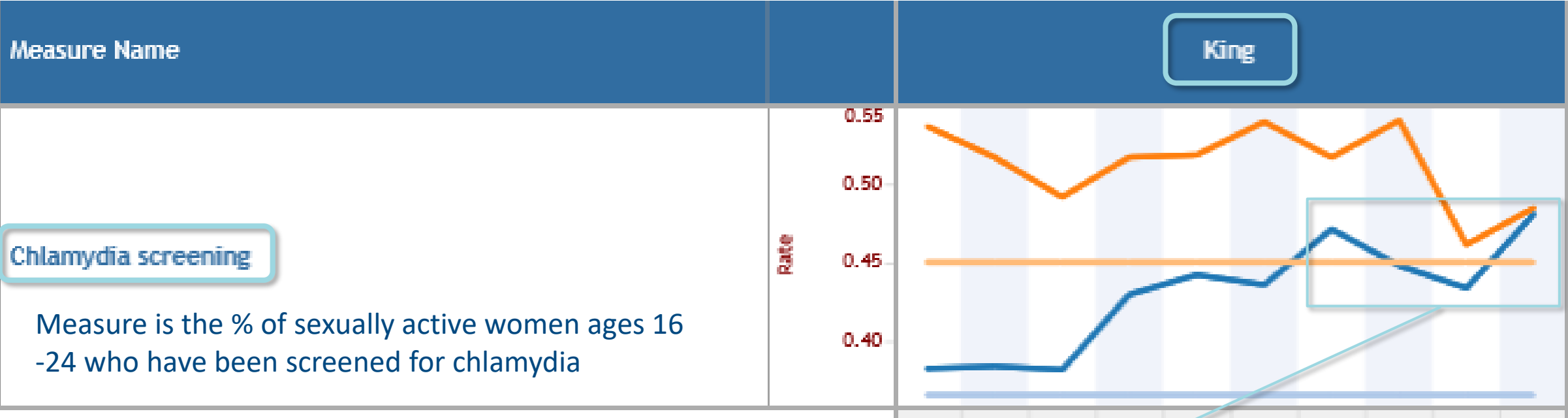
Original Investigation | Equity, Diversity, and Inclusion

Inclusion of Race and Ethnicity With Neighborhood Socioeconomic Deprivation When Assessing COVID-19 Hospitalization Risk Among California Veterans Health Administration Users

Michelle S. Wong, PhD; Arleen F. Brown, MD, PhD; Donna L. Washington, MD, MPH

The gap is significant in less advantaged areas in King County

How do I look at these results to better understand?



HEDIS 90th Percentile	Best in State
Commercial = 62%	66%
Medicaid = 68%	76%

Discussion – WHA Directors

Denise Giambalvo, MS	Director Member Engagement & Business Strategy
Sharon Eloranta, MD	Medical Director, Performance Measurement & Practice Transformation
Drew Oliveira, MD, MHA	Executive Director

Questions - what should do going forward?

Lack of a PCP

- From a quality perspective are you surprised?
- What can purchasers do to get more of their members to choose a PCP?
- What do we hear from health plans on assigning to a PCP?

Quality scores continue to slip

- What can provider do differently?
- ADI and equity – what and how to address at the provider, purchaser and plan level?

Costs, transparency, location and variation – there is a lot here!

- How can purchasers use the report?
- What about providers and plans?

We all have a role to play

Purchasers: What could *health plans and providers* be doing to close care gaps and mitigate rising cost trends?

Health Plans: What could *employers and providers* be doing?

Providers: What could *employers and plans* be doing?

Next for our members

March 9th “Committing to Action: Facilitators and Barriers to Achieving Equity”, a 3-part series examining health equity presented by the FHQC, WHA and Comagine

May 2023 Community Checkup release – Total Cost of Care with ADI to answer the question about how much does where you live impact the cost of care

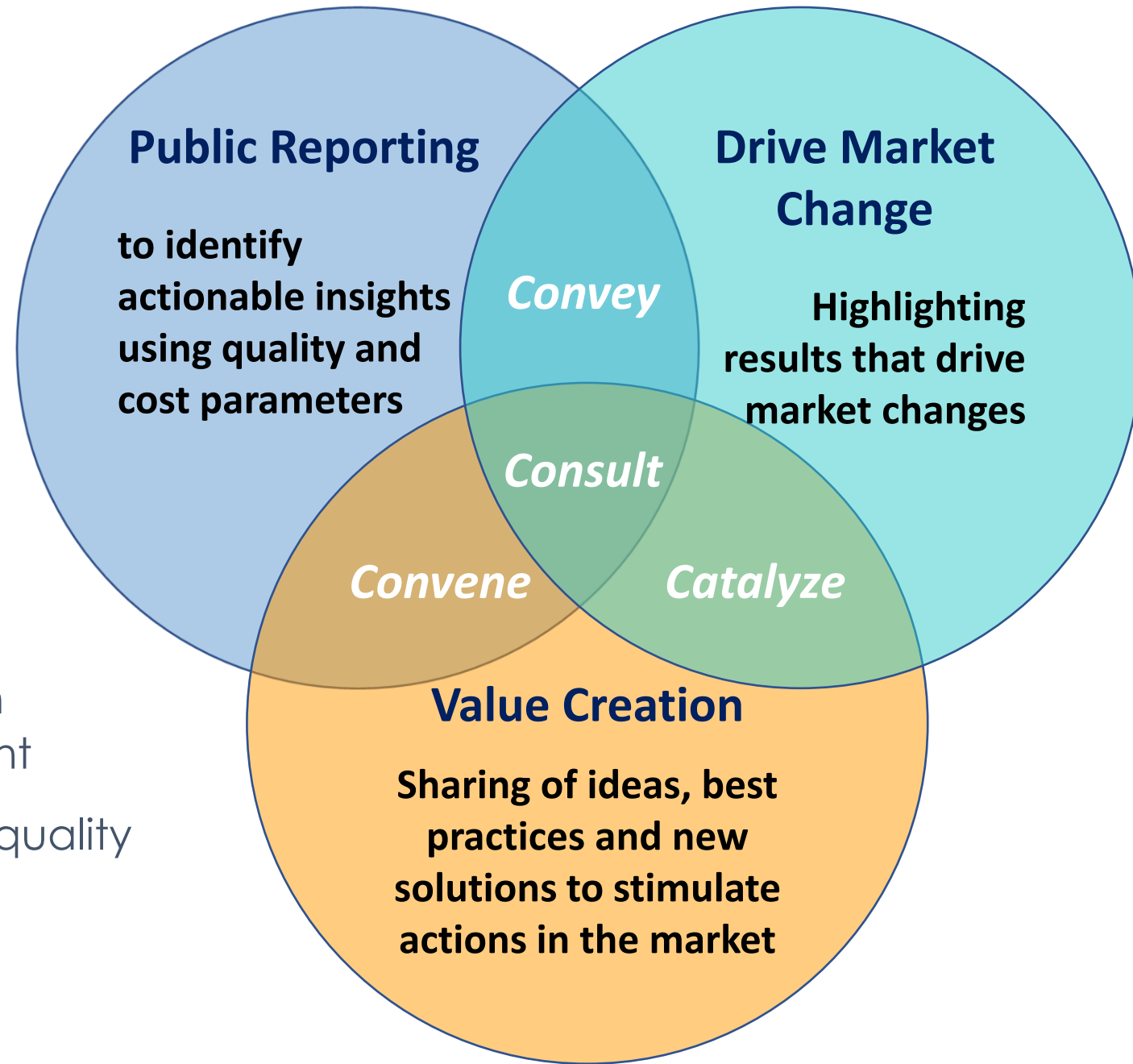
May 16th workgroup to evaluate ADI impacts to the market

June 14th Behavioral Health Forum

Ongoing Alliance projects – Low Back Collaborative, Obesity Workgroup (purchaser only), quality improvement (WCC and Chlamydia screening focus), health economics, consumer engagement, purchaser affinity group series

Join the Alliance: Working Together to Create System Change

- Transparent options for action
- Measurement and insights into health inequities to drive quality improvement
- Engage and collaborate to improve quality and affordability
- Helping all Washingtonians



Thank you

Supported by a
sponsorship from

Genentech
A Member of the Roche Group

WHA WASHINGTON
HEALTH
ALLIANCE
Leading health system improvement

Call to Action - Employers

- Choose to longer purchase mediocre care
- Designate networks that deliver quality and affordability
- Require PCP assignment
- Expect solutions to health inequities from plans and providers
- Support alternative payment models that limit financial exposure and deliver quality. Consider direct contracting
- Use centers of excellence exclusively for better diagnosis, quality outcomes and pricing
- Understand the full price transparency with consultants, brokers and carriers

Call to Action – Health Plans

- Implement value-based contracting targeting equity improvement
- Favor plan designs that require PCP assignment
- Contract to address populations with no PCP and/or no claims
- Finance alternative payment models to accountable provider organizations at a price 20 – 30% below the market
- Plans need to address hospital quality, safety, and pricing
- Steer members to centers of excellence for both quality and cost reductions
- Increase member cost share to access poor performing practices who are not organized for accountability

Call to Action - Providers

- Strive to be at least average on quality ASAP developing skills in population health to measure results
- Organize to be accountable for quality measures and cost
 - Be positioned to accept PCP Assignment
 - If a specialty organization not in an integrated delivery system, understand and contract for bundled payments
 - Position your system to gain market share

Call to Action – Washington Health Alliance

- Engage the purchaser community bringing transparent options, from best practices resulting in an action-oriented response
- Expand measurement and insights on health inequities
- Bring together providers to collaborate with higher performers
- Expect average clinical performance within 3 years
- Steer the market toward best-in-class organizations
- Provide additional insights to variations within health plans, purchasers and providers