July 2010

Puget Sound Community Checkup

An Ongoing Report to the Community on Health Care Performance Across the Region

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Puget Sound Health Alliance

An Aligning Forces for Quality Community

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www.pugetsoundhealthalliance.org

July 15, 2010

Dear Community Member:

Welcome to the fourth 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 77 medical groups and more than 250 clinics of four or more clinicians as well as 30 hospitals within King, Kitsap, Pierce, Snohomish and Thurston counties.

With the passage of a federal health care reform bill last spring, the nation has entered into a new phase in the effort to move toward a high-quality, affordable health care system. But as important as the national effort to change the health care system is, ultimately change will have to take place at the local level, because decisions on how to address regional variations of care are best made by the people they affect.

The Community Checkup is an important part of helping that change to happen. The results underscore the collective effort required to fundamentally change our health care system. This is a challenge for all of us—doctors, hospitals, patients, health plans and purchasers—and we all share a responsibility to be part of the solution.

That is the philosophy that motivates the Puget Sound Health Alliance. As a nonprofit, nonpartisan regional collaborative working to improve health care quality and affordability, we believe that no one person or group can make these changes alone. This year marks the fifth anniversary of the Alliance, and we continue to build on the strong foundation in performance measurement, public reporting and performance improvement that the Community Checkup provides to explore new ways to deliver high-value health care in our region.

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

Finally, we would like to recognize the strategic importance of the Robert Wood Johnson Foundation's Aligning Forces for Quality (AF4Q) initiative to our work. AF4Q's commitment to transforming health care through community-wide efforts has been invaluable in enabling us to produce this report.

Mary McWilliams
Executive Director
Puget Sound Health Alliance

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Puget Sound Health Alliance

Overview: 2010 Community Checkup Report

As a country we currently spend more on health care than any other industrialized nation, but our outcomes are not as good as other nations'. Recent federal legislation is an important step toward changing the system for the better, but no single piece of legislation can fix everything that needs to be fixed. There is tremendous variation in the cost of care and how that care is delivered – both across the nation and right here in the Puget Sound area. This level of variation means that there is no national "one size fits all" approach. Working together to understand the variation and to decide upon how to address the variation is best done at the local level.

Understanding variations in care is the first step in addressing the problem, which is why the Puget Sound Health Alliance produces the Community Checkup. As a non-profit, non-partisan collaborative, we are one place where those in the region who pay for, get and provide health care have come together to help drive change in the health care system. We believe that if you can measure it, you can fix it. We also believe that "fixing it" involves the cooperation and involvement of everyone – providers, patients, employers, and health plans.

The July 2010 Community Checkup is a comprehensive report on health care performance in the Puget Sound region including medical groups, clinics and hospitals in King, Kitsap, Pierce, Snohomish and Thurston counties. With this fourth version of the Community Checkup, we have established a strong foundation of knowledge about how well care is delivered at the medical group level on 21 measures of quality and appropriateness. The measures fall into areas of prevention, chronic disease management, generic substitution and appropriate use of services.

The Community Checkup report 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 support and encourage improvement. The information is intended to motivate all of us—patients, health care providers, employers and other purchasers and health plans—to do our part to produce better health at costs that more people can afford.

Common Themes

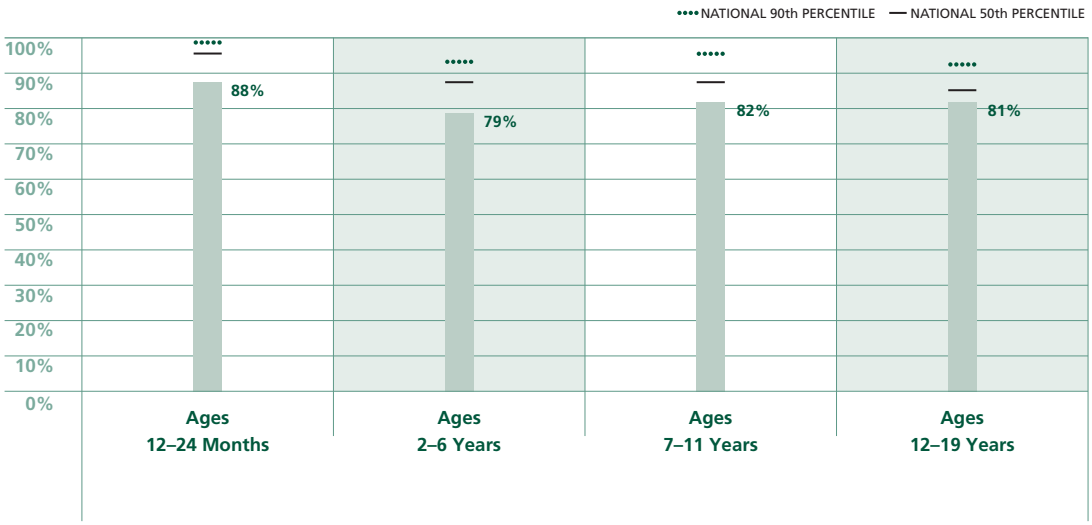
While each Community Checkup has results unique to the period of time and population that it covers, some common themes have emerged.

- Our region displays substantial variation in performance across measures and medical groups, clinics and hospitals. This finding is consistent with national findings on the high level of variation in health care delivery.
- Our region includes individual clinics, medical groups and hospitals that perform among the best in the nation. The high results achieved by these providers in certain clinical areas demonstrate that excellent performance is possible and is happening in our community.
- Because no one 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 ability to report results separately for the commercially-insured and Medicaid populations highlights important differences in care provided to the Medicaid population and shows us that there are medical groups in our region that are high performers in delivering health care services to the Medicaid population.

Key Findings

The results from the 2010 Community Checkup underscore many of the common themes above. Many patients do receive quality care for their conditions that ranks with the best delivered nationally. Other patients receive quality care for their conditions less often as demonstrated by scores that are below the national median. The following is a high-level summary of the results of the 2010 Community Checkup, based upon the combined results from both commercially insured and Medicaid patients.

Access to Care



The percentages denote the regional average for each measure.

The Access to Care measures look at the access that adults, children and adolescents have to primary and preventive care services, based on having made a visit to their provider in a specified time period. Selecting and developing a relationship with a primary care physician is an important step in a patient's commitment to health. Patients who have a regular primary care doctor report receiving better quality health care, are more likely to take prescribed medications, follow-through on other health care advice and have a better health care experience. Combined data for the commercially insured and Medicaid adult populations is not available, as the measures for each population are different. For child and adolescent access to care, the region as a whole falls below the national median, indicating that there is room for further improvement.

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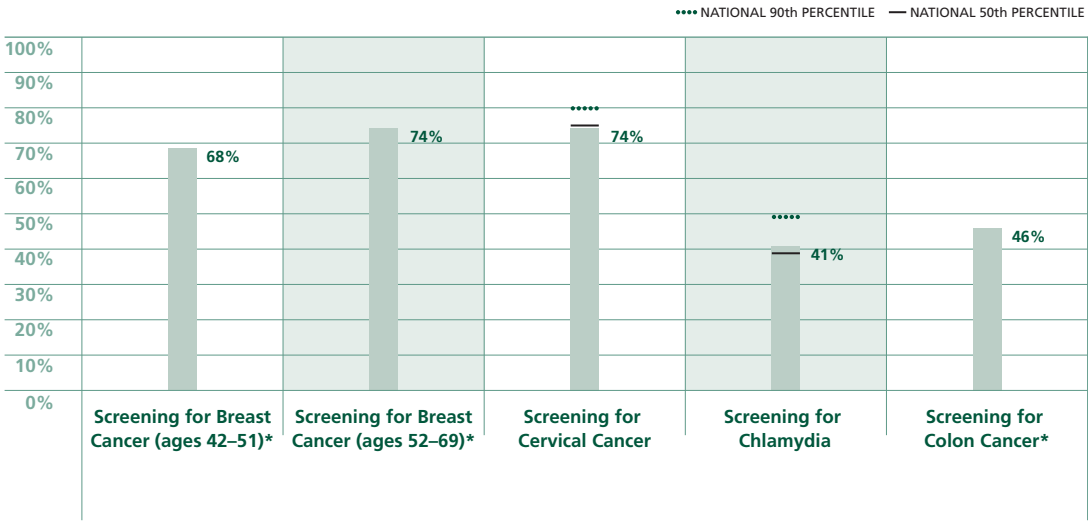
Preventive Care

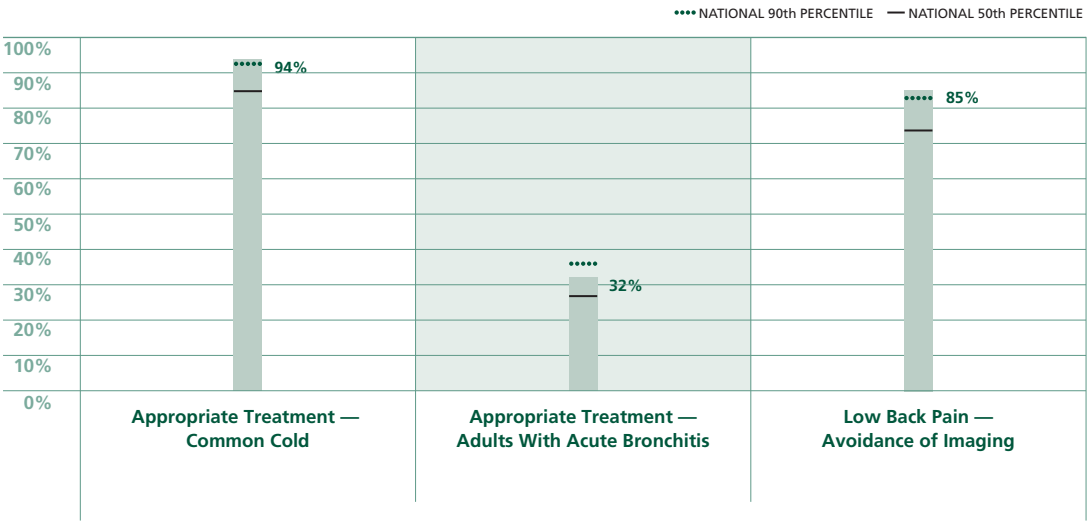


The percentages denote the regional average for each measure.

*National Benchmark not applicable

Prevention is about taking steps to avoid disease or finding a disease early so it is easier and less costly to treat. The Community Checkup looks at preventive screenings for breast cancer, cervical cancer, Chlamydia and colon cancer. The results show that there is an opportunity for improvement in the level of care delivered regionally. Results for the cervical cancer measure and the Chlamydia measure—the two results with national benchmarks—show the region very close to the national median. However, even the top national performers for Chlamydia are below the 50 percent mark, suggesting a major effort is needed.

Appropriate Use of Services



The percentages denote the regional average for each measure.

Despite what many people believe, more care is not always better care and in fact may harm you by exposing you to unnecessary risks or side effects. The Community Checkup includes three measures of appropriate use of services: two assessing unnecessary use of antibiotics and one addressing overuse of imaging services such as X-rays and MRIs for low back pain. This category includes both the lowest and highest regional averages for all measures in the 2010 Community Checkup. As a region we perform very well in avoiding antibiotics for the common cold and avoiding imaging for low back pain. While we perform above the national median for avoiding antibiotics for adults with acute bronchitis, on average the region delivers appropriate care less than one time in three. This represents waste in the system that may also contribute to drug-resistant infections.

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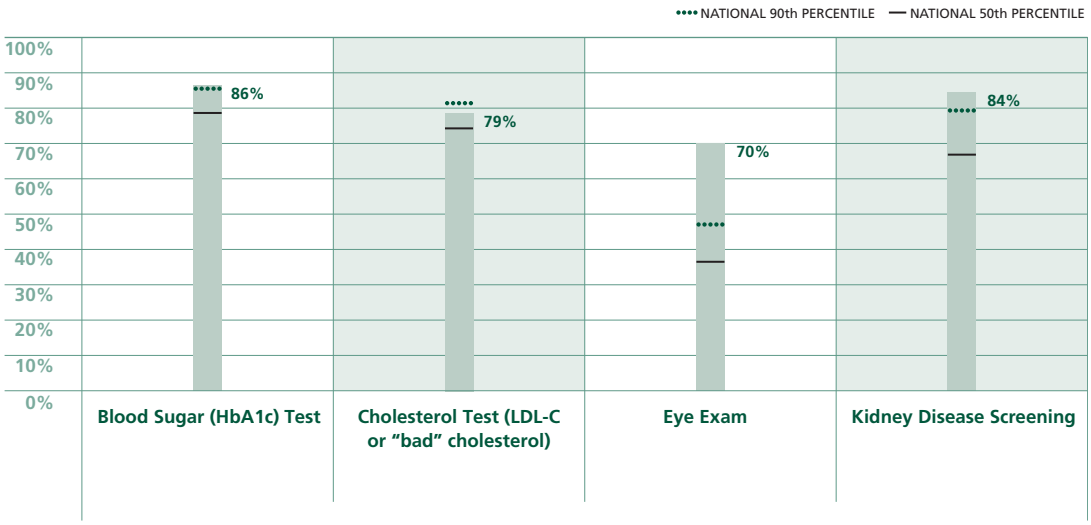
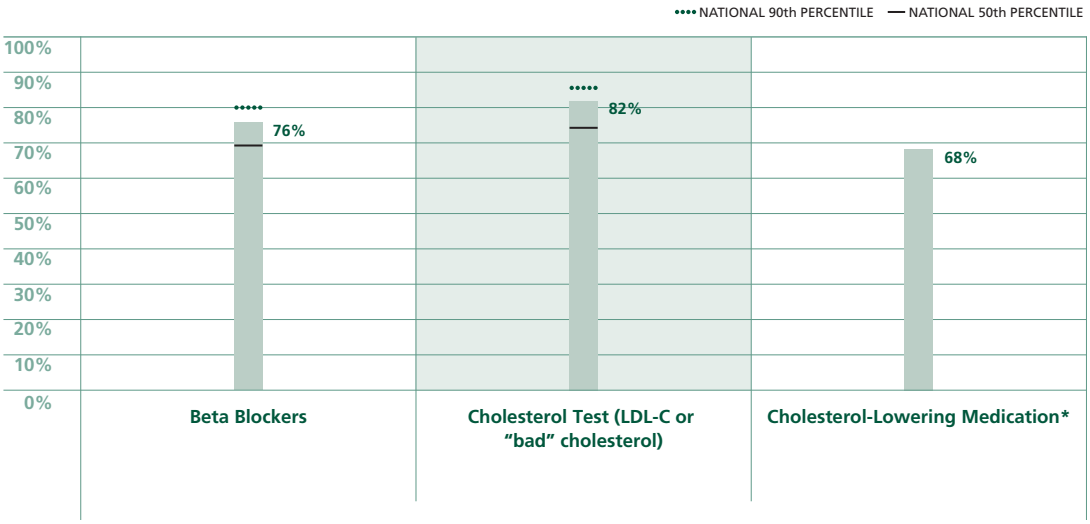
Diabetes Care



The percentages denote the regional average for each measure.

Diabetes is a major health issue in Washington state. About 444,000 people have been diagnosed with diabetes and an estimated 160,000 have undiagnosed diabetes. Proper care and management of diabetes can reduce the risk of complications that can cause significant emotional and financial burdens. On the four measures of diabetes care included in the Community Checkup, the region outperforms the top 10 percent national benchmark for three of them (blood sugar tests, eye exams, and kidney disease screenings) and exceeds the national median for the fourth (cholesterol tests). While there is always room for improvement, the results suggest that people with diabetes in our region often receive high-quality care.

Heart Care



The percentages denote the regional average for each measure.

*National Benchmark not available

The measures in our report focus on coronary artery disease (CAD) and stroke, which are respectively the second and fifth leading causes of death in Washington state. Monitoring cholesterol levels and effectively managing patients' cholesterol and blood pressure levels can prevent these diseases from getting worse. As a region, we perform above the national median for the two measures that have national benchmarks: whether patients received a cholesterol test after they were discharged from the hospital for an event due to heart disease and whether patients who had a heart attack filled a beta blocker prescription (medication to reduce blood pressure) for six months after hospital discharge. There is no national benchmark for the third measure—whether patients who have heart disease filled a prescription for cholesterol-lowering medication.

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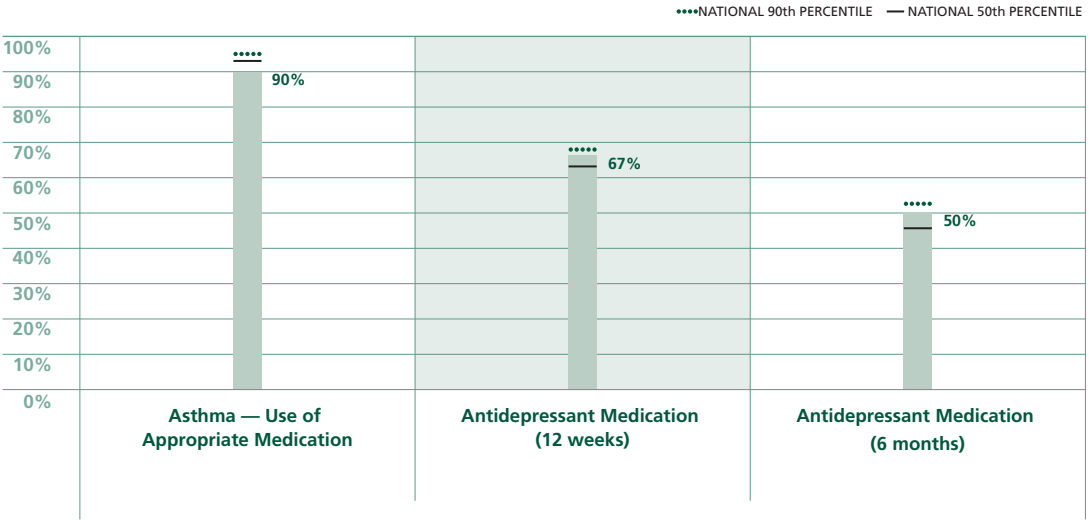
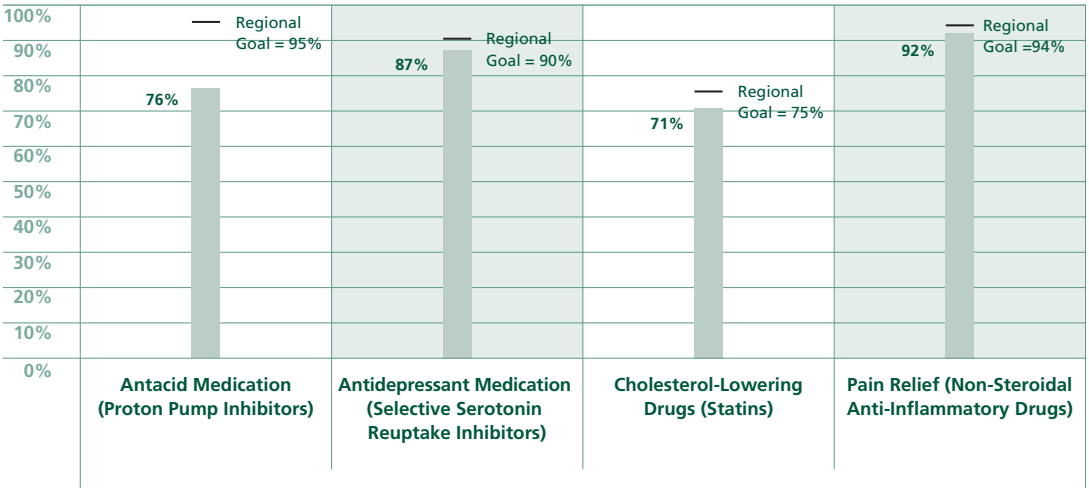
Appropriate Use of Medication for Chronic Conditions



The percentages denote the regional average for each measure.

Controlling chronic conditions, such as asthma and depression, with the appropriate use of medication helps people to lead more productive lives while reducing the costs that result if the conditions are not well managed. The asthma measure included in the Community Checkup examines whether people who have asthma received long-term controller medications. The two measures of antidepressant medication management examine a twelve-week period to address the acute symptoms of depression and a six-month period to prevent the depression from becoming chronic. Our regional average for the asthma measure shows that we fall below the national median, a sign that we can improve the quality of care in our region. For both depression care measures, we perform above the national median, but there remains significant opportunity to improve performance in the care of patients with major depressive disorder. Often times, patients with other conditions such as diabetes or heart disease also suffer from depression, making it even harder for them to take steps to manage their health. Appropriately diagnosing and treating depression has broader implications for patients' health.

Use of Generic Prescription Drugs



The percentages denote the regional average for each measure.

For the majority of patients, when taken in equivalent doses, most generic and brand-name drugs work equally well, but generics often cost significantly less. Although there are a number of reasons why patients may not adhere to prescribed medications, affordability is routinely among the top three reasons. The Community Checkup includes four measures on generic prescription rates where generic drugs are widely available and effective: antacid medications, antidepressants, cholesterol-lowering drugs and pain relief drugs. National benchmark data are not available for these measures but the Puget Sound Health Alliance gathered clinical experts from around the region to agree upon and establish realistic goals for what would be reasonable to strive for. While the region performs higher on the prescribing of generic antidepressants and pain relief than antacid medications and cholesterol-lowering drugs, there is room for improvement and substantial savings in all four categories.

How to Use the Community Checkup Report

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

The Community Checkup will continue to be improved and expanded over time. We encourage everyone to use the report to learn more about specific health services that are known to be effective and to see that there is variation in how consistently effective care is provided in clinics and hospitals in the region.

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Results for Medical Groups

This section of the Community Checkup report presents performance results for medical groups in King, Kitsap, Pierce, Thurston and Snohomish counties. The report measures how consistently patients receive high-quality health care in some important areas, including prevention and care for chronic conditions.

The results in this section are based on the care that two million people, or about half of all the people who live in the Puget Sound region, received from their medical groups from July 2008 to June 2009. To be included in the report, medical groups must have at least 160 patients appropriate to each measure (for example, for a diabetes measure, a clinic must have at least 160 patients diagnosed with diabetes). The full report includes results for 77 medical groups with 253 clinic locations in the Puget Sound region.

The report includes 21 measures of care from medical groups in the following areas:

- Prevention (effectively screening for diseases)
- Appropriate use of services (when antibiotics and imaging are called for)
- Care for patients with diabetes, heart disease, asthma, and depression
- Use of generic prescription drugs

A summary of the regional performance in each of these areas is presented in the pages that follow.

While the results of these measures are shown at the medical group or clinic level, they are the outcome from the decisions of everyone who participates in health care—doctors, patients, health plans, and employers or labor trusts. That's why this is called the Community Checkup.

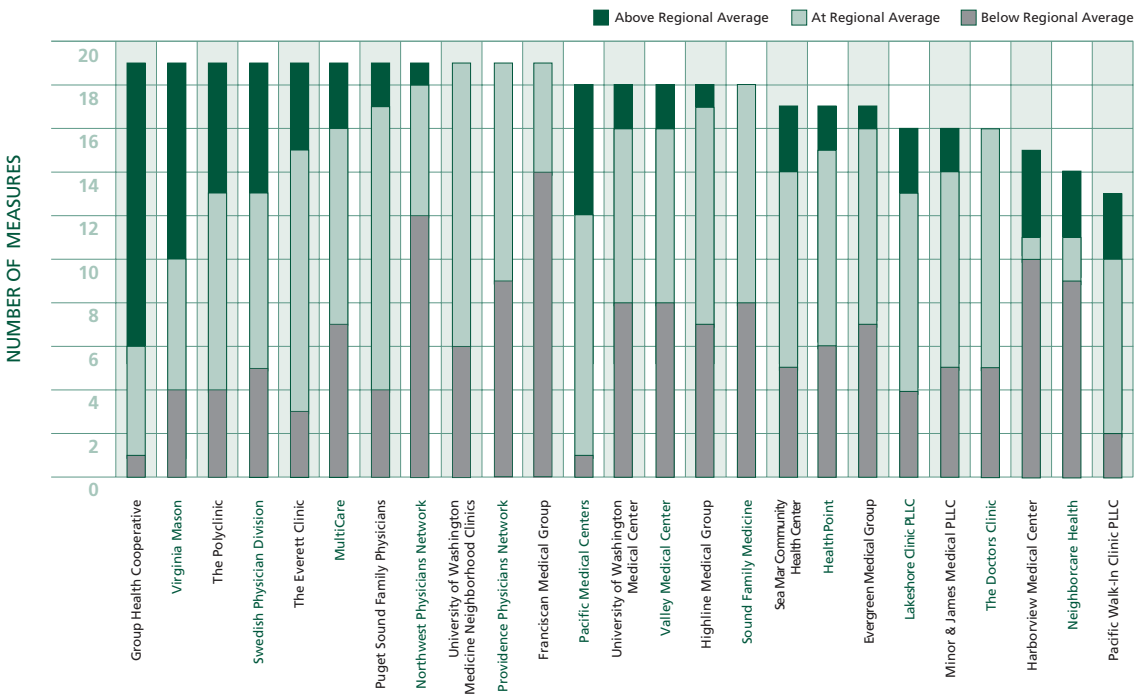
This report shows whether doctors and other health professionals recommend the care to patients *and* whether patients follow through with that advice. There are many reasons that patients may not follow through to receive recommended care. The patient may not understand why the recommended care is important or there may not be coverage for the service through the health plan offered by the patient's employer. The purpose of this report is to help everyone make more informed decisions and encourage improvement in health care quality and value.

For each measure, this report presents the medical group results for the privately insured (commercial) and for the Medicaid populations as well as the average results for the entire region. Where it is available, the results also include a national top 10 percent benchmark, which shows the performance level of the top 10 percent of health plan members nationally. The data about performance at the national level are from the National Committee on Quality Assurance (NCQA), a non-profit organization dedicated to improving health care quality. NCQA uses a tool called the Healthcare Effectiveness Data and Information Set (HEDIS) to measure performance on important dimensions of care and service based on information from commercial health plans. (The Alliance does not have access to comparable national top 10 percent data for our Medicaid results.)

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 19 measures reported at the medical group level. (Two measures are reported at the regional level only.) 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 19 measures. The graphs below start with those medical groups that report on all 19 measures and then 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 of the medical groups.

Additional details are available in the graphs in the pages that follow, which show the range of performance as well as the distribution of medical groups along the range. You will be able to see if most medical groups are performing at the same level, or whether there are some medical groups that perform significantly better or worse in certain areas.

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



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Above Regional Average
At Regional Average
Below Regional Average
NUMBER OF MEASURES
0
2
4
6
8
10
12
14
16
18
20
Cascade Valley Hospital
Peninsula Community Health Services
International Community Health Services
Southlake Clinic
Western WA Medical Group
Summit View Clinic, Inc., PS
Overlake Internal Medicine Associates
County Doctor Community Health Centers
Planned Parenthood of the Great Northwest
Stevens Center for Internal Medicine
South Hill General Medical Clinic
Children's University Medical Group
Cardiology Associates
Kitsap Cardiology Consultants PLLC
Yelm Family Medicine
Birth and Family Clinic
Eastside Family Medicine Clinic
Olympia Family Medicine, Inc.
Puget Sound Gastroenterology
Children's University Medical Group (Hospital Physicians)
Women's & Family Health Specialists
Bellevue Family Medicine Associates
Eastside Internal Medicine PLLC
Hall Health Primary Care Center
Woodcreeck Pediatrics

Above Regional Average
At Regional Average
Below Regional Average
NUMBER OF MEASURES
0
2
4
6
8
10
12
14
16
18
20
Puyallup Endocrine & Nuclear Medicine Clinics
Proliance Surgeons Inc PS
Overlake Obstetricians and Gynecologists
Sound Women's Care
Pediatrics Northwest, PS
Lake Serene Clinic
Pediatric Associates
Associated Valley OB/GYN
Evergreen Women's Care
Northwest Women's Healthcare
Seattle OB/GYN Group
Valley Women's Clinic
FamilyCare of Kent
Northwest Asthma & Allergy Center
Olympia Pediatrics, LLC
Interlake Medical Center, PLLC
Evergreen Women's Health Center
Kitsap Children's Clinic, LLP
LG Steck Memorial Clinic
Olympia Obstetrics & Gynecology
Gastroenterology Associates
Public Health-Seattle King County
Renton Pediatric Associates
Seattle Children's
Valley Children's Clinic
Pulmonary Consultants, PLLC
Woodinville Pediatrics

Interpreting the Results

There are several important factors to consider when interpreting these results. Primarily, the results should be evaluated as indicators of performance and should be considered across measures rather than isolating an individual result. It is also important to note that results can vary because of differences in performance, differences in the patient population, random chance and data issues. Readers of this report should note the following:

- **July 2010 results not directly comparable to July 2009 results.** The results in this report reflect an additional data supplier and are therefore not directly comparable to results in the July 2009 report. In addition, some measures have been modified.
- **Results presented by payer population.** The results in this report and on the website are presented by population – patients with commercial insurance and patients covered through the Medicaid program. Many socioeconomic factors affect the low-income population eligible for Medicaid compared to the commercially-insured population, so we expect the results to vary across the populations. Low-income individuals may face additional obstacles to obtaining medical care including lack of transportation choices, lack of childcare, language barriers, and low literacy rates. While our dataset can highlight the differences by population, we cannot definitively determine the reasons for those differences. By providing the information, we hope to spur further investigation as a community into the reasons behind the results and how to address them.
- **Continuous enrollment.** Many of the measures have a continuous enrollment requirement, which means that individuals must be enrolled with the same health plan or insurance coverage for a specified time period before the data about their care are included in our analyses. This criterion likely affects the commercially insured and Medicaid populations differently. The commercially insured population has a higher proportion of people remaining with the same health plan or insurance coverage over a given time period. In contrast, individuals in the Medicaid program are more likely to gain and lose eligibility for the program as their status changes (e.g., pregnancy, job loss, job gain).
- **Attribution to providers and medical groups.** Our data process involves attributing patient data to providers based on their pattern of visits and subsequently assigning providers to medical groups to calculate a medical group level result. Many medical groups have more than one clinic site. To be named and listed in the report, a clinic location or medical group must have four or more clinicians and at least 160 patients appropriate to each measure. Regional averages are calculated using results from all medical groups in the five-county region, including those with fewer than four clinicians and fewer than 160 patients.

We recommend the results be interpreted as indicators of patterns of care that spur additional analyses to determine strategies for improving the quality of health care provided to everyone in our community.

Comparisons Over Time

For the first time this year, we are able to look at data over time for the Community Checkup. Transparency is important if the health care system is going to change for the better. That's why this comparative data from the Community Checkup is important: it allows us to see over time what is happening in our region. As a result, we are now able to get a sense of how quality of care is changing. These results should encourage everyone who has a role to play in health care to recognize that being able to measure how care is delivered is an important step toward changing it for the better.

The analysis below compares data from two Community Checkup reports: the 2008 report (covering October 1, 2006 to September 30, 2007) and the 2010 report (covering July 1, 2008 to June 30, 2009). The data is for the commercially insured population only, since we did not collect Medicaid data for the earlier report. Eighteen measures are included in the comparison, reflecting those measures that are directly comparable between both reports. While it awaits future reports to confirm whether the comparison between the two reports here constitutes a trend, this data does suggest the direction that care in our region is taking.

Charts for each of these measures are included in Appendix IV of this report.

Preventive Care

One category in which there remains opportunity for improvement as a region is preventive care. While there has been some improvement in each of the three measures for which we have comparable results—screening for cervical cancer, screening for Chlamydia and screening for colon cancer—there remains wide variation in performance.

Appropriate Medications for Chronic Conditions

In the current report, the regional average decreased slightly for two measures pertaining to antidepressant medications. The medical groups now performing least well on these two measures are at a substantially lower performance rate than in the second report, indicating an opportunity to share information as a community. The current regional average for the appropriate use of medication for asthma has improved from the second report.

Appropriate Use of Care

For the two appropriate use of care measures that appear in both Community Checkup reports — avoidance of imaging for low back pain and avoidance of antibiotics for the common cold—the region outperformed the top ten percent national benchmark in both reports. In particular, there was an increase in the regional average for the low back pain measure.

Diabetes Care

Another area in which the region has performed consistently well on average and saw improvement between the two reports is diabetes care. Results for the cholesterol test, blood sugar test and eye exams measures are higher for the fourth report, but results for the kidney disease screening are slightly lower. While results for most of the measures are tightly clustered, there remains significant variation in the region for the eye exam measure.

Heart Care

The regional average for the cholesterol measure has improved from the second report to the current one. There has also been an increase in the regional average for the cholesterol-lowering medication, likely caused in part by a revision in the drugs we include in the measure. There is somewhat more variation in the current measure for those medical groups performing above the regional average.

Use of Generics

The comparative data for use of generic medications shows the greatest improvement to the regional average. This is due, in part, to the improved ability to capture and report on medication prescriptions by the health care provider who ordered the prescription. The regional average for the use of generic statins jumped more than 30 percentage points, an increase probably attributable in part to the expanded list of drugs captured in the current report. The use of generic antacid medications jumped more than 25 percentage points. Generic use of

antidepressants and pain relief medications also showed substantial improvement. In part, the change seems likely to be due to an increase in the number of generic medications in the market in some of the categories. But heightened awareness of the value of generics also likely played a significant role in the change. The advances in these measures are a heartening indication of the strides that our community is able to make in improving the value and quality of care in our region.

2010 Results

Access to Preventive Care

Access to preventive care services is a critical element of a high-performing health care system. Encouraging and giving access to effective primary and preventive care services is one potential strategy to manag e health care costs while maintaining the quality of care delivered. Our goal as a community is to ensure that patients in our community can get primary and preventive care when they need it. The four measures included in this report assess overall access to preventive care by both adults and children, those covered under commercial health insurance and those covered under Medicaid.

What is Measured?	Why Are These Measures Important?
Adults' Access to Preventive Health Services – Commercial—The percentage of commercially insured adults 20 years and older who had a preventive care visit within the past three years. **Adults' Access to Preventive/ Ambulatory Health Services – Medicaid—**The percentage of Medicaid insured adults 20 years and older who had a preventive care visit within the past year.	• Selecting and developing a relationship with a primary care physician is an important step in a patient's commitment to health. • Access to primary care has been shown to correlate with reduced hospital use while maintaining the quality of care delivered. • Research demonstrates that inappropriate care and overuse of new technologies can be reduced through shared decision-making between well-informed patients and physicians.

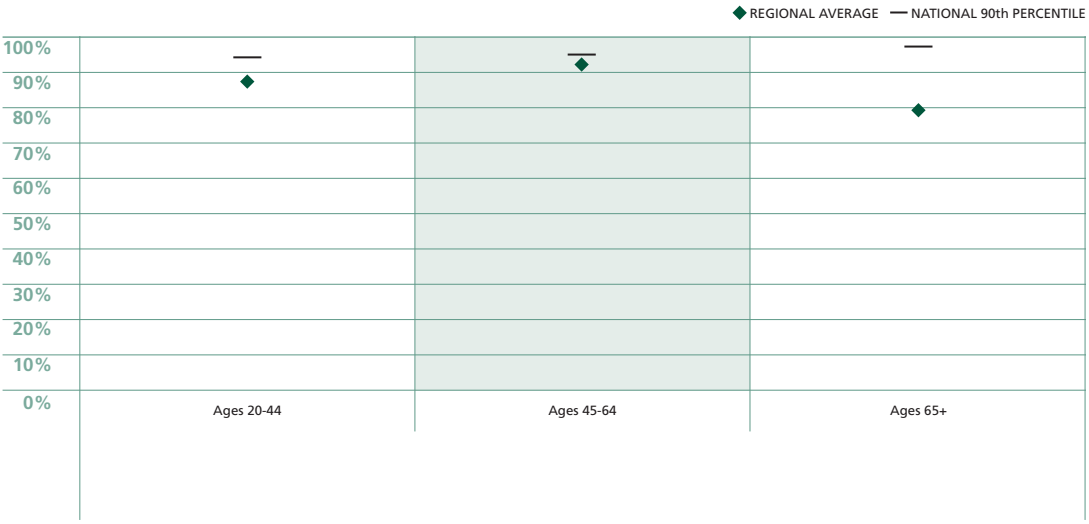
What is Measured?	Why Are These Measures Important?
Children's Access to Primary Care Practitioners 12-24 months and 25 months to 6 years—The percentage of children 12-24 months and 25 months to 6 years who had a visit with a primary care practitioner in the past year.	• Childhood and adolescence are important periods in a person's development. Through these years, children are developing physically, intellectually, and emotionally. • The American Academy of Pediatrics recommends that children see their doctor for a preventive visit at least every year until age six and then every other year. • Preventive visits provide an opportunity to assess a child's or adolescent's growth and development, provide guidance on health issues, administer recommended screening and immunizations and promote healthy behaviors.
Children's Access to Primary Care Practitioners 7-11 years—The percentage of children 7–11 years who had a visit with a primary care practitioner in the past two years.	
Adolescent's Access to Primary Care Practitioners 12-19 years— The percentage of adolescents 12-19 years who had a visit with a primary care practitioner in the past two years.	

Our Performance

As displayed in the following graphs, there is substantial variability across these measures. In particular, child and adolescent access to primary care is significantly lower for the Medicaid population than it is for the commercial population, with performance rates only exceeding 50 percent for children 12 to 24 months old. In the commercial population, the regional average does not reach the national benchmark for the top 10 percent in any of the measures, indicating an opportunity for improvement.

It should be noted that comparison between performances for the adult commercial and adult Medicaid populations is not possible as the measures differ for the two populations. For the commercial population, the performance measures visits to a primary care provider within the past three years, while for the Medicaid population, the performance measures visits to a primary care provider within the past year.

Adult Access to Care: Commercial Only

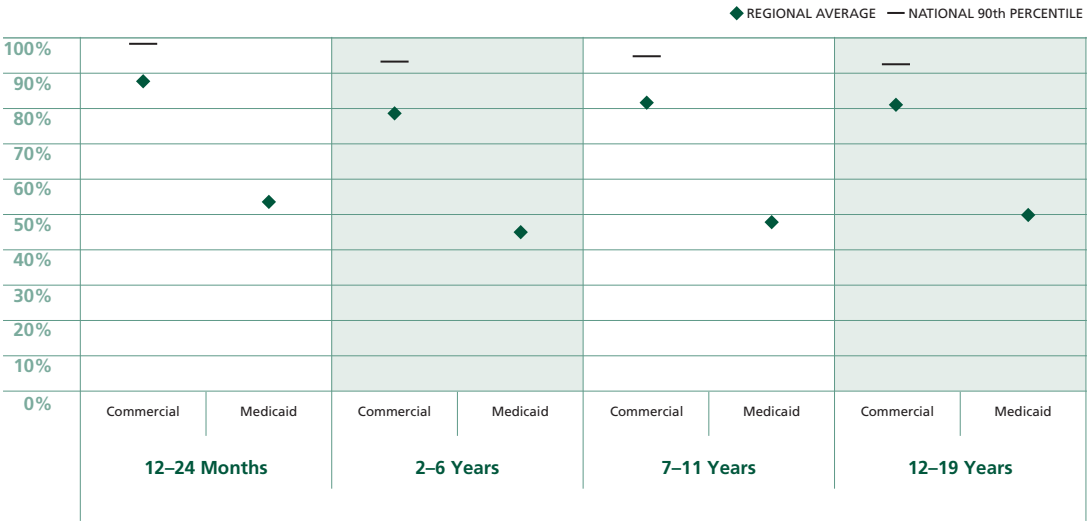


Note: Access measures reported at regional level only: no medical group results available

Adult Access to Care: Medicaid Only

Note: Access measures reported at regional level only: no medical group results available

Child Access to Care: Commercial and Medicaid Results



Note: Access measures reported at regional level only: no medical group results available

Cost Implications

Access to care for children and adolescents is important for preventing disease and promoting healthy behaviors at key periods of development. According to an extensive cost-benefit analysis by the U.S. Centers for Disease Control and Prevention, every dollar spent on childhood immunization saves $18.40 in direct and indirect costs, with an aggregate savings of $42 billion. (We currently do not measure immunization rates, but plan to do so at a future point.) Adolescent well-visits are an opportunity to identify and intervene in health-risk behaviors, such as tobacco and alcohol use and poor nutrition habits, that have long-term health and financial consequences.

Prevention: Effectively Screening for Disease

Prevention is about taking steps to avoid disease or finding a disease early so it is easier and less costly to treat. Our goal as a community is to ensure that preventive care is a priority, that patients are informed and educated about the importance of recommended screening tests, that delivery systems are designed to efficiently provide those services and that employers and health plans structure benefit packages to encourage preventive services. This report includes three measures of cancer screening and one measure of screening for Chlamydia.

What is Measured?	Why Are These Measures Important?
Screening for Breast Cancer—The percentage of women ages 42 to 69 who had at least one mammogram during the two-year measurement period. This measure is reported at the regional level for women age 42 to 51 and at the medical group level for women age 52 to 69.	• Mammograms are currently the best way to detect breast cancer early, when it is most treatable. • Among women age 50 and older, more than 20 percent did not get a mammogram in the past two years. • Breast cancer is the most frequently diagnosed cancer among Washington women. • Screening could prevent 15–30 percent of deaths from breast cancer.
Screening for Cervical Cancer—The percentage of women ages 21 to 64 who had at least one Pap test during the three-year measurement period.	• Invasive cervical cancer is one of the most preventable types of cancer due to the effectiveness of the Pap test. • Cervical cancer is no longer the leading cause of cancer death for women in the United States because many women get regular Pap tests.
Screening for Chlamydia—The percentage of sexually active women ages 16 to 25 who had at least one test for Chlamydia during the measurement year.	• Chlamydia is the most commonly reported sexually transmitted infection. • In 2008, in Washington, 21,327 cases were reported. • About 75 percent of women and about half of men who have Chlamydia have no symptoms.
Screening for Colon Cancer for the Newly Eligible—The percentage of adults ages 51 to 55 who had appropriate screening for colon or colorectal cancer.	• Colorectal cancer is the third most common cancer diagnosed in the U.S. and the second leading cause of annual cancer deaths. • Each year, nearly 1,000 people in Washington die from colorectal cancer. • Colon cancer is preventable. Colorectal screening can find abnormal growths in the colon before they turn into cancer. • If everybody age 50 or older had regular screening tests, up to 60 percent of deaths from colorectal cancer could be prevented.

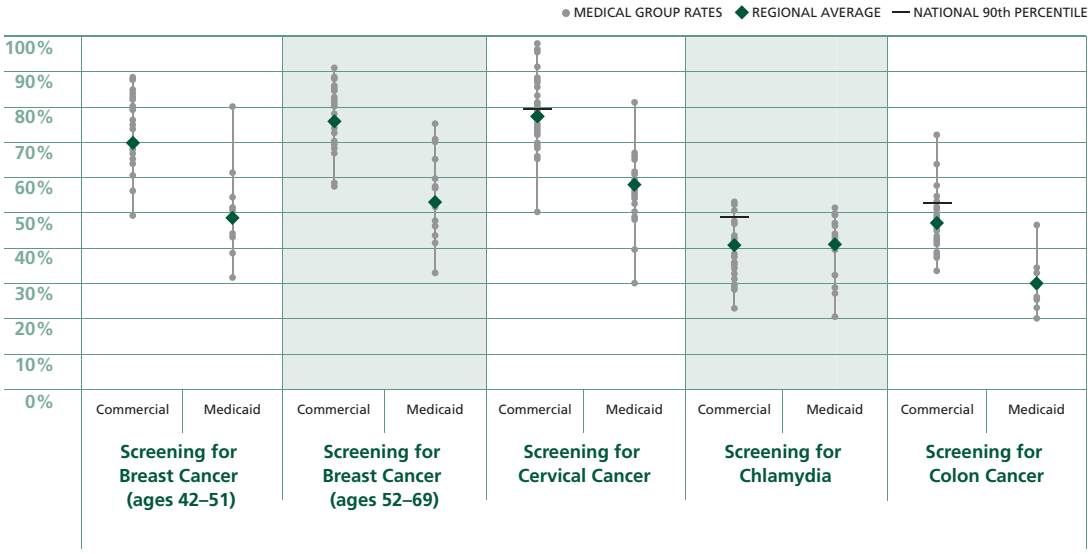
Our Performance

For the first time, we are displaying breast cancer screening data in two age groups (42 to 51, and 52 to 69). Due to new guidelines for breast cancer screenings, we are reporting only the older age group at the medical group level, but reporting both age groups at the regional level. We no longer report the overall rate for both age groups combined. There are no national benchmarks for the age groups on which we are reporting.

There is substantial variation in performance within the region for each measure. For three of the prevention measures, the regional results for the commercial population are higher than the result for the Medicaid population. The graph also displays individual medical group performance, revealing the range and clustering of medical group results within each measure and population type. For example, for cervical cancer screening, rates for the commercial population range from 50 percent to almost 100 percent, while those for the Medicaid population range from 30 percent to slightly more than 80 percent. Medicaid results for breast cancer may be affected by vouchers for free mammography screenings since data from those screenings is not captured in the current measures, and that may impact results for those medical groups who treat large numbers of Medicaid patients. For both commercial and Medicaid patients, there is considerable room for improvement in screening for Chlamydia, as the regional average for both groups hovers around 40 percent.

The screening for colon cancer result displays one medical group with the highest rate for both commercial and Medicaid populations, with performance clustered around the regional average. The variability in medical group performance is high among both populations and across all four measures, indicating a significant opportunity for improvement in the delivery of preventive services in our region. Finally, there are many high-performing medical groups in our community demonstrated by results at or above the national top ten percent. This suggests an opportunity for medical groups in our region to learn from the best practices of these high performers.

Preventive Care: Commercial and Medicaid Results



Cost Implications

The value of prevention varies for each type of screening test. All of the recommended tests that are measured in this report (screening for breast cancer, cervical cancer, Chlamydia, and colon cancer) are strongly recommended by the U.S. Preventive Services Task Force. Screening helps doctors identify conditions in their early stages, when treatment is far less expensive and more likely to succeed, reducing the potential financial and emotional burden for patients. For example, according to the National Business Group on Health's Purchaser's Guide to Clinical Preventive Services, the cost of treating a single case of early-stage cervical cancer averages $20,255, while the cost of treating a single case of the same disease in the late-stage averages $36,912 (both are year 2000 dollars). The Guide also states the cost of treating late-stage colon cancer is more than double the cost of treating it in early stages.

Appropriate Use of Services: Antibiotics and Imaging

In health care, some services are provided more often than necessary. Despite what many people believe, more care is not always better care and in fact may harm you by exposing you to unnecessary risks or side effects. Our collective goal is to ensure both the delivery of needed health care services and the avoidance of unnecessary care that will not help patients. This report 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.

What is Measured?	Why Are These Measures Important?
Appropriate Use of Antibiotics – Common Cold—The percentage of children ages 18 months to 18 years who went to the doctor for a common cold who were not prescribed an antibiotic for three days after the diagnosis.	• Upper respiratory infection (URI) is the most common reason people go to see their doctor and a major cause of lost days at school and work. • Colds are viruses, and antibiotics do not work for viral infections. Each year, about one out of five children with a cold gets unnecessary antibiotics. • Taking antibiotics when they are not necessary may put children at risk for the medicine's side effects. • If children use antibiotics too often, those drugs can be less effective for treating bacterial infections in the future.
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis—The percentage of adults age 18 to 64 diagnosed with acute bronchitis who were not dispensed an antibiotic prescription.	• Acute bronchitis consistently ranks among the ten conditions that account for the most office visits to physicians in the U.S. • More than 90 percent of the time, cases of acute bronchitis are not caused by bacteria and therefore will not respond to antibiotics.
Low Back Pain – Avoidance of X-ray, MRI and CT Scan—The percentage of patients ages 18 to 50 with a new diagnosis of low back pain who did not have an X-ray or other imaging study (MRI, CT scan) in the 28 days after they first visited a health care provider due to low back pain.	• Low back pain is one of the most common reasons for workers under age 45 to be on disability or workers' compensation. Almost two-thirds of all adults will have a problem with low back pain at some point. • Data show rapidly increasing use of imaging services (e.g., x-rays and MRIs) and associated costs without a demonstrated benefit to patients. In most cases, low back pain will go away or lessen within four to six weeks without medical attention. • Unnecessary use of imaging increases costs for patients, employers and the health care system, while exposing patients to unnecessary risks such as exposure to radiation.

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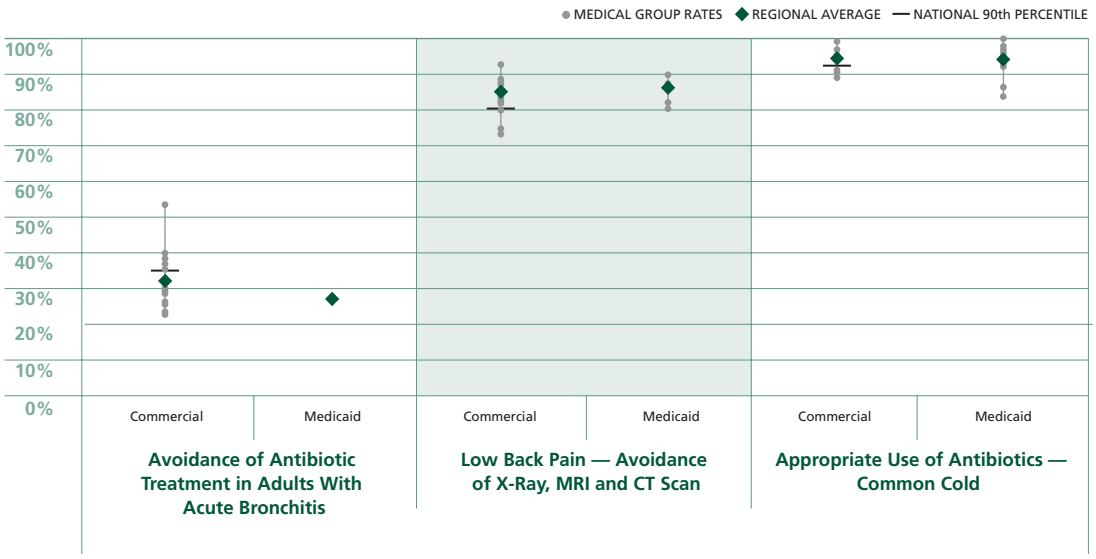
Our Performance

As shown in the graph, the region performs above the national top ten percent benchmark on avoidance of imaging for low back pain and appropriate use of antibiotics for the common cold. Still, there is substantial variation in performance in our region for each measure. This category includes both the lowest and highest regional averages for all measures in the Community Checkup. The regional average for avoiding antibiotics for the treatment of bronchitis in the commercial population is 32 percent, while the regional average for avoiding antibiotics for treatment of a common cold is 94 percent.

Appropriate Use of Services: Commercial and Medicaid Results



Cost Implications

Low back pain is the most costly ailment in the workplace, averaging $8,000 per claim. Medical costs connected with low back pain are more than $25 billion per year in the U.S. When adding to that lost wages, disability payments, and retraining costs, total costs associated with back pain range between an estimated $50 billion and $100 billion per year.

Inappropriate use of antibiotics for viral respiratory infections contribute to waste in the health care system and can make treating future bacterial infections more difficult. Prescriptions for antibiotics to treat colds are estimated to cost $1.1 billion annually.

Care for Patients with Diabetes

Diabetes is a disease in which the body does not produce or properly use insulin, a hormone that helps convert sugar, starches and other food into energy needed for daily life. Diabetes can lead to other health problems such as heart disease, kidney disease, blindness and poor circulation, which may lead to loss of limbs. People with diabetes have at least two times greater risk of heart disease and stroke than those who do not.

In Washington state, about 444,000 people have been diagnosed with diabetes. It is estimated that 160,000 have undiagnosed diabetes, and about 1.4 million people have pre-diabetes (risk factors that may lead to diabetes). Diabetes is the seventh leading cause of death in Washington. Our collective goal is to help people who have diabetes to manage their disease and prevent additional health problems. National guidelines for effective care for diabetes recommend several steps for managing diabetes, including the four measures included in this report that deal with regulating blood sugar (i.e., glucose) and cholesterol levels, and maintaining eye and kidney functioning.

What is Measured?	Why Are These Measures Important?
Diabetes – Blood Sugar (HbA1c) Test— The percentage of patients ages 18 to 75 with diabetes who had an HbA1c test during the one-year measurement period.	• People with diabetes need to keep their blood sugar levels under control. HbA1c will be higher if there have been high levels of glucose in the blood. • In general, the higher the HbA1c, the higher the risk that an individual will develop problems such as eye disease, heart disease, kidney disease, nerve damage and stroke. This is especially true if a patient's HbA1c level stays high for a long time.
Diabetes – Cholesterol Test—The percentage of patients ages 18 to 75 with diabetes who had a test for LDL cholesterol during the one-year measurement period.	• High levels of "bad" cholesterol (Low Density Lipoprotein Cholesterol or LDL-C) can harm blood vessels and lead to blood vessel damage or heart disease and eventually, possibly a heart attack or stroke. • Diet, exercise and medication can help control cholesterol; regular testing provides feedback on whether changes in these areas are needed.

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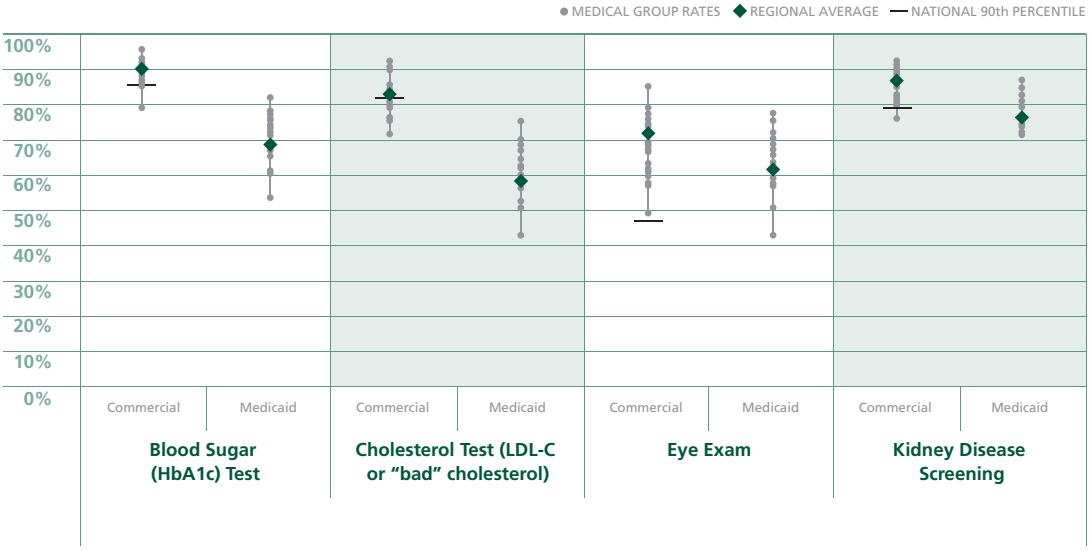
What is Measured?	Why Are These Measures Important?
Diabetes – Eye Exam— The percentage of patients ages 18 to 75 who have diabetes who had an eye exam in the two-year measurement period. The eye exam is a retinal or dilated eye exam by an eye care professional.	• High blood sugar can cause bleeding in the blood vessels in the eyes, which can lead to vision loss. • People with diabetes should have regular eye exams to watch for any signs of damage to the blood vessels in the eyes.
Diabetes – Kidney Disease Screening— The percentage of patients ages 18 to 75 with diabetes who had a kidney disease screening test or were treated for kidney disease during the one-year measurement period.	• Diabetes can damage the kidneys and, over time, cause them to stop working, which requires dialysis treatment using a machine that cleans waste from the blood. • Regular screenings for kidney disease (nephropathy) can catch kidney damage early to improve the chances of preventing kidney failure.

Our Performance

In general, the region performs relatively well on the diabetes measures compared to the national benchmarks. For all four measures, the rates for the commercial population exceed the national top 10 percent of performers. However, performance is generally lower for Medicaid patients, indicating room for improvement.

For the kidney disease screening measure, performance is clustered at the high end of the range for both the commercial and Medicaid populations. Additionally, the regional average for the commercial population exceeds that of the Medicaid population for all four measures. The variation in medical group performance for these measures indicates opportunities for improvement within our region. Again, this is an area of care where some medical groups achieve high levels of performance compared to national benchmarks.

Diabetes Care: Commercial and Medicaid Results



Cost Implications

The estimated direct and indirect financial costs associated with diabetes in 2007 were $174 billion nationwide, and $2 billion in Washington state. The average annual cost of care for a person with diabetes is $11,744, more than twice the cost of care for a person without diabetes. By managing their disease, patients can lower their risk for developing complications that can cause significant financial and emotional burdens.

Care for Patients with Heart Disease

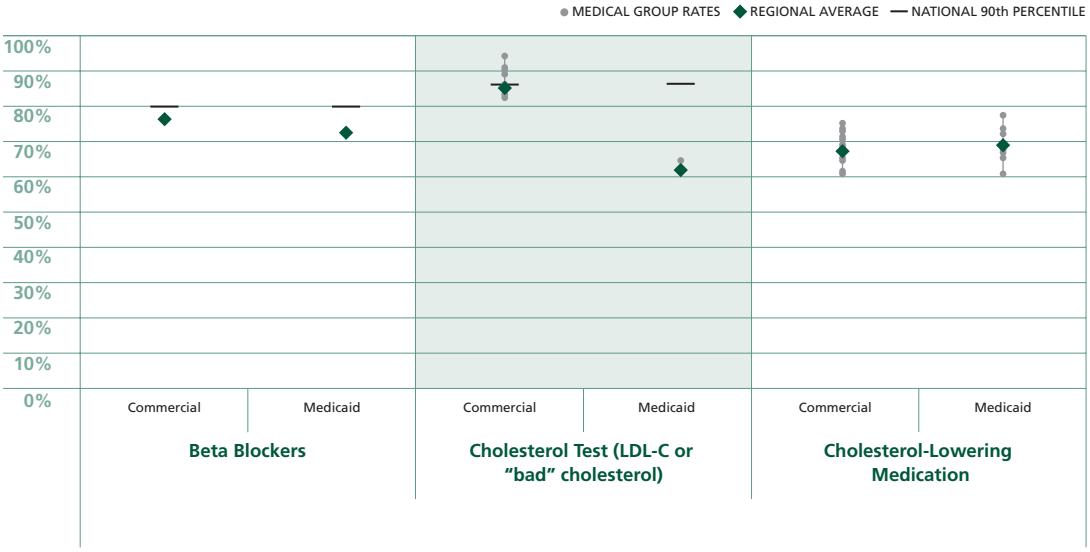
Heart disease refers to conditions that affect the heart's ability to pump blood. The measures in our report focus on coronary artery disease (CAD) and stroke, which are respectively the second and fifth leading causes of death in Washington state. Our collective goal is to help people who have heart disease keep their condition from getting worse. The keys to this effort are to monitor cholesterol levels and effectively manage patients' cholesterol and blood pressure levels. This report includes three measures of heart disease care: whether patients received a cholesterol test after they were discharged from the hospital for an event due to heart disease; whether patients with heart disease filled a prescription for cholesterol-lowering medication; and whether patients who had a heart attack filled a beta blocker prescription for six months post hospital discharge.

What is Measured?	Why Are These Measures Important?
Heart Disease – Cholesterol Test—The percentage of patients ages 18 to 75 who had at least one Low-Density Lipoprotein (LDL-C) screening test in the year after they were discharged from the hospital for heart attack, coronary artery bypass graft, percutaneous transluminal coronary angioplasty (PTCA), stroke or aneurysm.	• If too much "bad" cholesterol (LDL-C) circulates in the blood, it can build up in the walls of the arteries that feed the heart and brain. Together with other substances, it can form plaque – a thick, hard deposit that can clog arteries and lead to a heart attack or stroke. • A high level of LDL-C (160 mg/dL and above) means an increased risk of heart disease.
Heart Disease – Cholesterol-Lowering Medication—The percentage of patients ages 18 to 75 with heart disease who had at least one prescription filled to lower cholesterol during the one-year measurement period.	• In addition to diet and physical activity, some prescription drugs can help lower cholesterol levels and help prevent problems related to heart disease.
Heart Disease – Beta Blockers— The percentage of patients with a diagnosis of heart attack (acute myocardial infarction) that filled a prescription for beta blocker drugs (to improve the heart's ability to pump) for six months after being released from the hospital.	• Anyone who has had a heart disease is at a higher risk of having another heart attack or a stroke. • Medicines called beta-blockers help prevent a repeat heart attack or stroke. These drugs ease how hard the heart has to work.

Our Performance

As shown in the graph, the region performs higher on the cholesterol test measure for the commercial population compared to the Medicaid population. For most of the measures, our region is below the national benchmark for the top 10 percent of performers. Because of low numbers of patients per medical group, the beta blocker measure is reported at the regional level only. For cholesterol-lowering medication for the Medicaid population, most of the reportable results cluster above the regional average, indicating that a number of medical groups that did not meet thresholds for public reporting had lower rates.

Heart Disease Care: Commercial and Medicaid Results



Cost Implications

The estimated direct and indirect costs associated with cardiovascular disease in the U.S. in 2010 are $503 billion, with heart disease accounting for $316 billion, and coronary artery disease alone accounting for $177 billion. Indeed, the costs of cardiovascular disease continue to climb, even though the death rates for heart disease and stroke have decreased in recent decades. As the U.S. population ages, the economic impact of cardiovascular diseases on our nation's health care system will become even greater. Managing heart disease on a regular basis with routine monitoring and medications, according to the metrics above, as well as through diet and exercise, will mitigate that impact.

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Care for Patients with Asthma

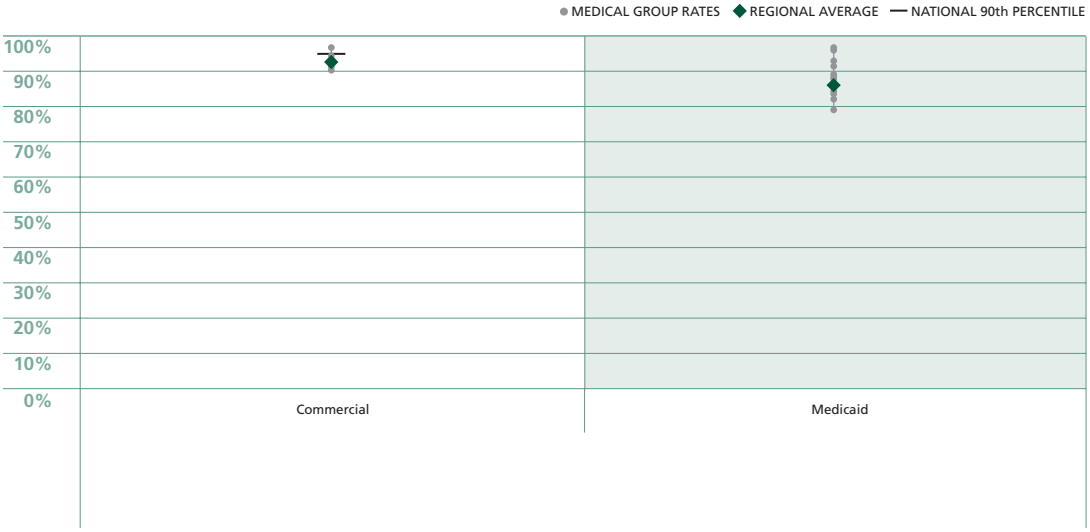
Asthma is the irritation of the airways or tubes that carry air into and out of the lungs. Different things in the air can easily irritate and swell up the airways of people with asthma, making it hard to breathe. Symptoms may include cough, wheezing, and chest tightness. Our goal as a community is to assure that patients who have asthma receive the appropriate medication to manage the condition. The measure included in this report examines whether people who have asthma received these important long-term controller medications.

What is Measured?	Why Are These Measures Important?
Asthma – Use of Appropriate Medication— The percentage of patients ages 5 to 56 identified as having persistent asthma and who filled a prescription for long-term controller medication during the measurement year.	• Washington state has one of the highest rates of asthma in the country, with almost one in ten Washingtonians suffering from asthma. • Medication can help control asthma and avoid serious breathing troubles, fatigue, visits to the hospital and even death. • Asthma can be successfully managed through use of long-term controller medications.

Our Performance

As presented in the graph, our region performs well on the asthma measure. The commercial regional average exceeds 90 percent and the Medicaid average exceeds 80 percent. Additionally, the commercial range of performance among medical groups is relatively small and clustered at the top, indicating that most medical groups achieve high rates on this measure. Medical group performance for the Medicaid population shows twice as much variability within our region than the commercial group performance. These results suggest an opportunity for some medical groups to learn from those groups that excel on this measure. In addition, the region falls below the national benchmark for the top 10 percent, suggesting that there is still room for improvement.

Asthma Care: Commercial and Medicaid Results



Cost Implications

The total cost of asthma in the United States is estimated to be more than $16 billion dollars per year, including health care costs and the costs of lost productivity at work and at home. The cost of asthma in Washington state is estimated to be $400 million annually in medical spending and lost productivity. About 48,000 adults with asthma in Washington make at least one emergency department visit per year and 100,000 make at least one urgent visit to see their doctors for worsening asthma symptoms each year. Better control of a patient's asthma has the potential to reduce the need for emergency department visits and lost work days, as well as increasing quality of life.

Care for Patients with Depression

Depression is an illness that affects a person's mood, thoughts and body. Depression is a common and serious illness that often requires treatment to get better. About 20 to 25 percent of women and 7 to 12 percent of men will experience depression in their lifetimes. Depression is now recognized as an important factor in many chronic health conditions including heart disease, stroke, cancer and diabetes. Many people who have depression never seek treatment, which may include antidepressant medication and/or psychotherapy.

Our goal as a community is to assure that people seeking care for depression receive and comply with recommended treatment. This report includes two measures of antidepressant medication management – one examining a twelve-week period to address the acute symptoms of depression and the other examining a six-month period to prevent the depression from becoming chronic.

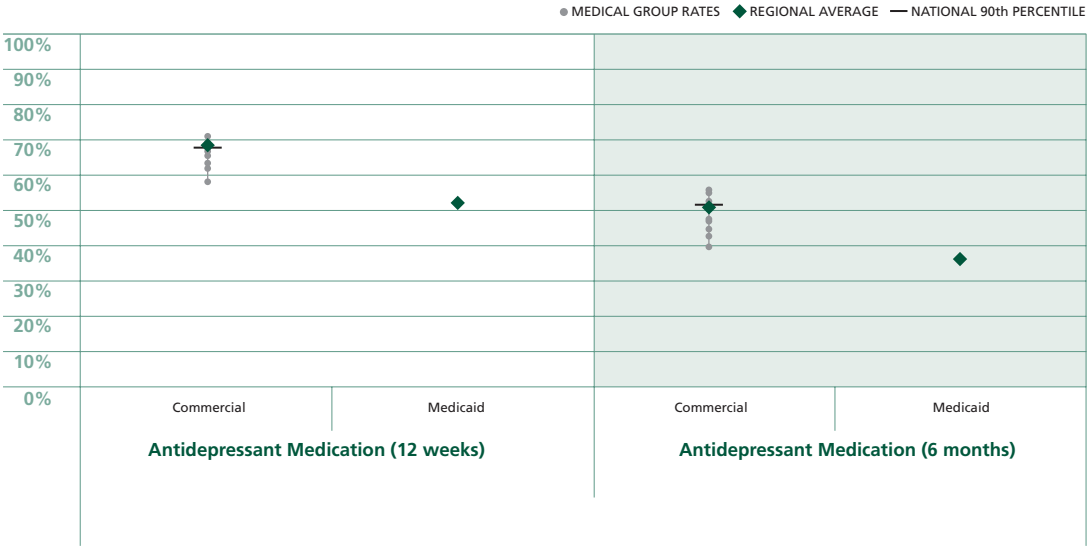
What is Measured?	Why Are These Measures Important?
Depression – Antidepressant Medication (12 weeks)—The percentage of patients age 18 and older who were newly diagnosed with depression and prescribed an antidepressant and remained on an antidepressant for 12 weeks after the diagnosis.	• One way of treating depression is with antidepressants. • Patients typically feel relief from their depression within two to six weeks after beginning to take antidepressants. • However, it can take as long as eight to twelve weeks for the medications to have an effect.
Depression – Antidepressant Medication (6 months)—The percentage of patients age 18 and older who were newly diagnosed with depression and prescribed an anti-depressant and continued taking an antidepressant for a least 180 days (6 months) after the diagnosis.	• Evidence shows that treatment using antidepressant medication should continue for six to nine months after a patient starts to take antidepressants in order to help eliminate all symptoms and prevent the depression from coming back. • About half of the people who take antidepressants incorrectly or do not finish all of their medicine

Our Performance

As shown in the graph, the region performs near national benchmarks on these two measures. However, these results indicate substantial room for improvement. Our results for the commercial population indicate that nearly 30 percent of patients in our region who have depression do not remain on antidepressant medication for the first 12 weeks, and more 40 percent do not maintain treatment for six months. Our results for the Medicaid population indicate that almost half of the patients in our region who have depression do not remain on antidepressant medication for the first 12 weeks, and more than 60 percent do not maintain treatment for six months. Additionally, for the commercial population, there is

variability in medical group results for both the 12-week and six-month measure, indicating that high-performing medical groups may have identified some successful strategies for maintaining patients on antidepressants that could be shared across the community to improve care of other patients with depression.

Depression Care: Commercial and Medicaid Results



Cost Implications

Depression is the most common cause of disability in the U.S. and annually costs an estimated $80 billion in direct and indirect costs. People with depression are more likely to be absent from work or less productive when they are at work. Early and effective treatment of employee depression can lower employers' health care costs and boost workers' productivity and quality of life.

Use of Generic Prescription Drugs

Generic prescription drugs have the same chemical composition and, for most people, work as well as brand-name drugs. Generic drugs have an added benefit: they usually cost less than their brand-name counterparts. Our goal as a community is to assure the use of generic drugs when appropriate to increase affordability for patients and the health care system. This report includes four measures of generic prescribing rates. All of these measures are important for the same reason: For the majority of patients, when taken in equivalent doses, most generic drugs work as well as brand-name drugs, at significantly less cost.

What is Measured?	Why Are These Measures Important?
Generic Drugs – Antacid Medication—The percentage of prescriptions for antacids to reduce stomach or gastric acid (proton pump inhibitors or PPIs) that were filled with a generic PPI during the one-year measurement period.	• Chronic stomach or gastric acid can cause pain, ulcers, and injury to the stomach, esophagus or throat. • Occasional, mild heartburn in patients not diagnosed with gastroesophogeal reflux disease may respond to lifestyle changes or over-the-counter medications.
Generic Drugs – Antidepressants— The percentage of prescriptions for antidepressant drugs (all second generation antidepressants) that were filled with a generic antidepressant during the one-year measurement period.	• Antidepressants help treat symptoms of major depression and other psychiatric conditions.

What is Measured?	Why Are These Measures Important?
Generic Drugs – Cholesterol-Lowering Drugs—The percentage of prescriptions for cholesterol-lowering drugs (statins) that were filled with a generic statin during the one-year measurement period.	• Statins reduce Low-Density Lipoprotein (LDL, or "bad") cholesterol levels in the blood.
Generic Drugs – Pain Relief—The percentage of prescriptions for certain pain relief drugs (non-steroidal anti-inflammatory drugs or NSAIDS) that were filled with a generic NSAID during the one-year measurement period.	• Non-steroidal anti-inflammatory drugs (NSAIDS) are used to relieve pain and swelling for conditions such as arthritis, low back pain, and headaches.

Our Performance

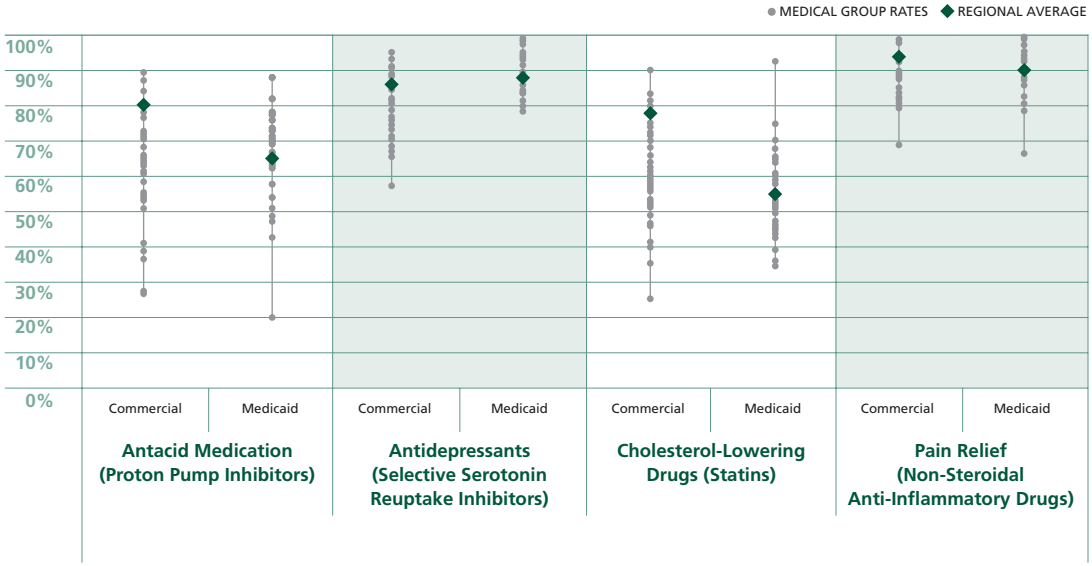
In this report, for the first time, the Alliance is reporting results for these measures at the medical group level. Previously, results were only available at the regional level. This year's results allow patients, providers and purchasers to see more clearly the variations in generic prescription rates in our region. In addition, the list of cholesterol-lowering medications included in the measure was expanded this year to more accurately reflect the accepted formulary for generic statins. Finally, we also compared prescription data with the unique identifier given each medical provider by the U.S. Drug Enforcement Agency in order to prevent duplicate or inaccurate data on prescribing providers.

National benchmark data are not available for these measures. As shown in the graph, the region performs higher on the prescribing of generic antidepressants and pain relief than antacid medication and cholesterol-lowering drugs.

More striking however, is the significant variability across all of the measures. Results for the commercial population on the antacid measure range from less than 30 percent to nearly 90 percent. Differences of these magnitudes suggest substantial opportunity for increasing the rate of generic prescribing to realize significant cost savings. Because these measures rely on data from pharmacy claims, we do not know how the availability of over-the-counter drugs or discounted generic drugs available from retail stores affects the measure results.

Most medical groups fall below the regional average for several measures among the commercial population. The results were influenced by the strong performance of a single, large medical group with a large patient population. Interestingly, safety-net clinics were among the other medical groups that performed above the regional average. Generic prescription rates may also be influenced by a number of other factors, including the patient population at particular clinics and direct-to-consumer advertising for brand-name drugs.

Use of Generic Drugs: Commercial and Medicaid Results



Cost Implications

Patients save about $8 billion to $10 billion a year by buying generic instead of brand-name drugs when they fill prescriptions. In 2007, the Alliance assessed potential savings from increasing the use of generic prescriptions across four classes of drugs in which generic drug options are widely available: cholesterol-lowering medication, antidepressants, pain relief, and antacid medication. The Alliance found that more than $2.5 million could be saved annually in the five-county

region for each percentage point increase in the "generic fill rate" – that is, when a generic equivalent is available, how often a prescription is filled with a generic rather than a brand-name drug – in these four classes of drugs. Moreover, when drugs are more affordable, patient adherence to complete the course of treatment or stay on a chronic disease medication is likely to be higher, resulting in better health and avoidance of costly complications of non-compliance. Thus, cost and quality go hand in hand.

Medical Group Data Sources and Methods

The medical group results presented in this report are generated from claims or encounter data supplied by 19 health plans, self-insured purchasers, union trusts and government programs. For this report we welcome the participation of two new data suppliers: United Healthcare and Vision Service Plan. Submitted data include information about tests, diagnoses and services provided by doctors and other clinicians. By sharing their data with the Alliance, these organizations helped create the most comprehensive single report on health care information ever produced in this region. The Alliance receives no information that personally identifies any individual patient. Participating data suppliers include:

- The Boeing Company (via Regence)
- Carpenters' Trust
- CIGNA
- City of Seattle (via Aetna)
- Community Health Plan of Washington
- First Choice
- Group Health
- King County (via Aetna)
- Molina Healthcare of Washington
- Premera Blue Cross
- Recreational Equipment Inc. (via Aetna and Group Health)
- Regence Blue Shield
- Sound Health and Wellness Trust (via Zenith Administrators)
- Snohomish County (via Regence)
- United Healthcare
- Vision Service Plan

- Washington State Health Care Authority Uniform Medical Plan (via Aetna, ODS and FIServ)
- Washington State Department of Social and Health Services (Medicaid FFS)
- Washington Teamsters

The organizations listed above provided the universe of information currently included in our dataset. This represents care for about two million people within the Puget Sound region, which is greater than 50 percent of the total population. The dataset does not include data reflecting care to people who have individual insurance policies or who are uninsured. It also does not feature specific books of business (e.g., HMO products) that some data suppliers do not include with their data submission, data from health plans or self-insured employers who do not participate in the Alliance, and the Federal government (e.g., Medicare, Veterans Affairs).

After the data was submitted, the Alliance engaged in a multi-step process to produce the measure results in this report. The steps were:

1. **Data validation—**Milliman Inc. (the Alliance's data vendor) worked with each data supplier to validate the data submitted. There were two levels of validation – one that ensured the correct submission of the data and another that ensured measure results were consistent between Milliman and each data supplier. Once the data were validated, they were aggregated and de-identified for measure calculation.
2. **Medical group roster update—**The Alliance worked with medical groups to update their lists of physicians and other practitioners using a secure online clinic roster application. Because measure results were attributed first to practitioners and secondly to clinic location, it was vital to have accurate and current information about which doctors practice at which clinic locations.

3. **Measure calculation and attribution—**Milliman aggregated the data from all of the data suppliers and calculated measure results. During this process, measure results were attributed to practitioners. The Alliance then used the updated medical group rosters to attribute practitioners – and their results – to clinic locations.

4. **Medical group/clinic review—**Medical groups and their clinics received their draft measure results to review and benchmark against internal sources for a "reasonableness review." The Alliance and Milliman worked with clinics to resolve any identified data issues.

5. **Patient verification—**To verify the project methodology, volunteer data suppliers and medical groups worked together directly to confirm that specific measure results reflected a given clinic's patients. The data suppliers re-identified patients for medical groups who then verified that the particular patient met the measure criteria and received a particular service from a particular practitioner and clinic according to the measure specifications. Medical groups worked with the Alliance and Milliman to resolve any identified data issues.

After these steps were complete and any necessary adjustments made, the data were finalized and prepared for public release via this report and our website (www.WACommunityCheckup.org). To encourage practitioners to work with patients and others to improve the results over time, all medical groups listed in the report also have access to the final results at a more detailed practitioner level using a private secure portal developed by the Alliance with OneHealthPort and Milliman, Inc.

Results for Hospitals

The hospital results in this report reflect performance information for hospitals in King, Kitsap, Pierce, Snohomish and Thurston counties. There are over forty 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.

This report highlights hospital care results for our five-county region in the areas of heart failure care, surgical care, and patient experience. It is intended to build community understanding so that we can work together to improve the safety, effectiveness and affordability of local hospital care.

To see complete hospital results, including performance information for heart attack care, pneumonia care, heart care mortality (death) rates, serious adverse events, patient safety and meeting standards associated with better outcomes for high-risk care, please visit the Community Checkup website: *www.WACommunityCheckup.org*.

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Overall Performance

Overall, hospital care results for this region reveal several important conclusions:

- **There is variation in the quality of care delivered in hospitals in this region.** Most patients assume that they will receive safe, effective, and appropriate care when they go to the hospital. Although hospitals try to provide the best possible care, doing so is complex and there are many opportunities for errors or breakdowns in the process of providing care.
- **Everyone has room to improve.** While many hospitals perform well on certain measures, there is no single hospital that demonstrates excellent performance across all areas of care that are measured. Hospitals routinely look at their performance on these types of measures and recognize where they have room for improvement. Many share information about promising practices to learn from each other. By increasing awareness of the need for improvement across all hospitals in the region, each of us can help support and encourage improvement over time.
- **Everyone has a role.** Although this section of the report focuses on how well hospitals deliver certain elements of care, we each can take action to improve the results. With information about hospital care in hand, each of us can ask questions about how hospitals, physicians, nurses, patients, and others can work together to improve safety and effectiveness of care.
- **Care has improved over time.** The results demonstrate that what gets measured, gets managed. The time series shown for hospitals' performance generally shows improvement. This is impressive, particularly considering that CMS standards are being raised.

Heart Failure Care

Heart failure is a weakening of the heart's ability to pump blood. When heart failure occurs, the heart cannot pump enough blood to the lungs and other tissues in the body to provide the oxygen and nutrients that the body needs.

When you go to the hospital to be treated for heart failure, you should expect your doctor or health care team to take the following steps at admission: check to see how your heart is pumping by doing a test called a left ventricular systolic (LVS) function assessment, and give you medicines to improve how your heart is pumping. When you leave the hospital, you should receive instructions for what to do to reduce the risk of more complications, and get counseling or advice to quit smoking.

Our goal as a community is to ensure that patients in our community consistently receive care for heart failure that evidence shows is effective to manage the disease. The measure included in this report assesses whether four key actions were taken.

What is Measured?	Why Are These Measures Important?
Test of how the heart is pumping (LVS function) is given—The percentage of patients who have heart failure who received a test of the heart's ability to pump (Left Ventricular Systolic or LVS function).	• Heart failure occurs when the heart can't pump enough blood throughout the body. The right treatment for heart failure depends on the area of the heart affected. The test called the left ventricular systolic (LVS) function assessment checks how the heart is pumping so health care providers can see if the heart is pumping properly.
Medicines given to improve heart function—The percentage of a hospital's heart failure patients who were given special medicines, either an ACE (angiotensin converting enzyme) inhibitor and/or ARB (angiotensin receptor blocker) to improve how the heart is pumping to treat Left Ventricular Systolic Dysfunction (LVSD).	• ACE inhibitors and ARBs are medicines to lower blood pressure and reduce the work the heart has to perform by limiting the effects of a hormone that narrows blood vessels. These medicines are particularly beneficial in patients with decreased function of the left side of the heart.
Patients advised to stop smoking—The percentage of patients who have heart failure who, before they were discharged from the hospital, were advised or counseled to stop smoking.	• Smoking increases the risk for developing blood clots and inhibits circulation, which can result in worsened heart failure, a heart attack or stroke.
Instructions given when patient is released from the hospital—The percentage of patients with heart failure who were given appropriate instructions when they were released from the hospital.	• Heart failure is a chronic condition that needs to be managed over time to reduce the risk of more complications. Hospital staff should provide information to patients to help them manage their heart failure symptoms after they leave the hospital.

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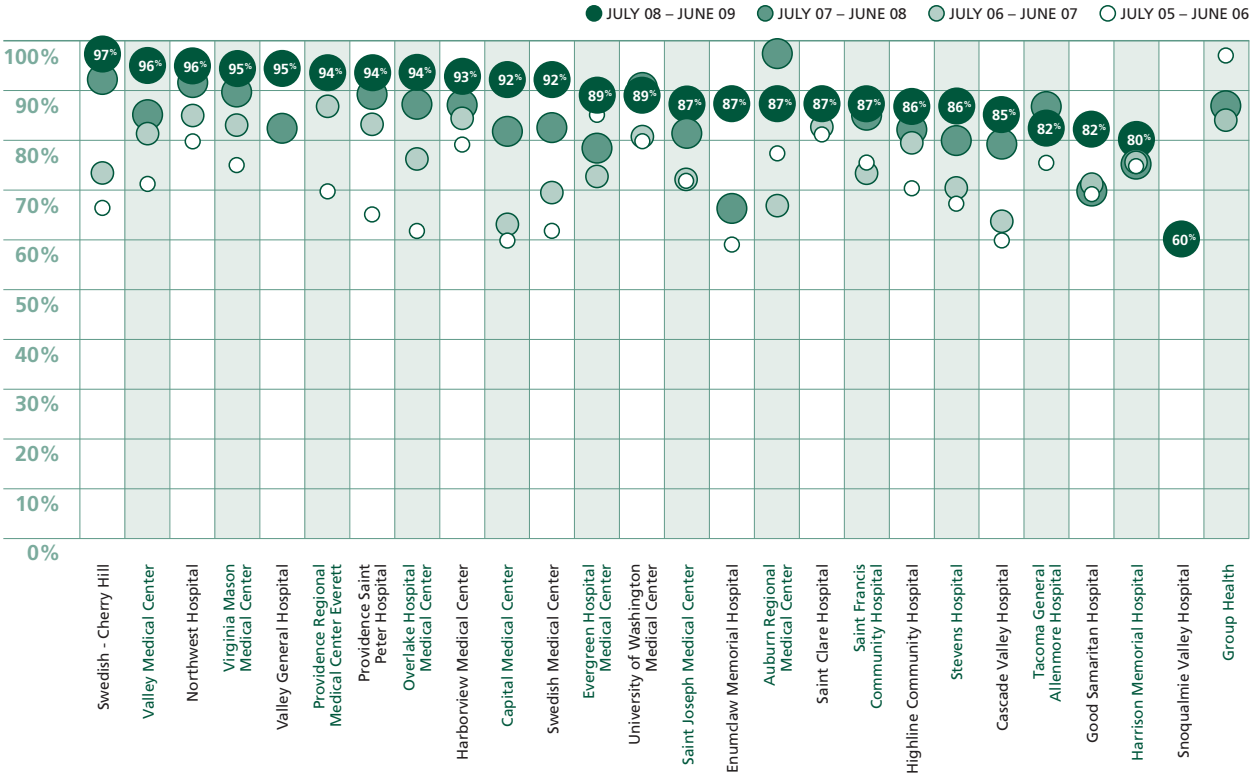
Our Performance

This category is a composite measure of care for heart failure that includes performance on the four measures listed above. The composite rate is the number of times a hospital performed the appropriate action for each of the four heart failure measures, divided by the number of opportunities the hospital had to provide appropriate care for that condition.

The graph displays substantial variability in performance for this measure in our region – results vary from 80 percent to 97 percent for the most recent measurement year. Several hospitals perform particularly well on these measures and may have developed best practices that could be shared across the community. When examining the performance through time, the results suggest substantial improvement for most hospitals over the four years measured with many hospitals demonstrating consistent year-over-year gains.

Heart Failure Care



Cost Implications

There are an estimated 5.8 million people in the U.S. with heart failure. According to a study conducted by the Commonwealth Fund, there were large variations in hospitals' costs for treating congestive heart failure (CHF), with care for a typical CHF patient varying from $1,522 in the lowest-cost hospital to $18,927 in the highest-cost hospital. The risk of readmission within 30 days for patients with CHF ranged from 22 percent to 24.7 percent.

Surgical Care

Surgical care is the care you get before, during and after surgery. 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.

Surgery involves many steps taken by doctors, nurses and others. To lower the chance that you will get an infection or blood clots, you should expect your doctor or health care team to take the following steps, based on national guidelines for safe practices: give you an antibiotic during the hour before the surgery begins (before "surgical incision"), give you the right antibiotics depending on what kind of surgery you are having, remove hair appropriately (if necessary), and give you treatment to reduce the risk of blood clots. After surgery, you should expect your doctor or health team to: stop antibiotics within 24 hours after surgery, control your blood sugar, and give you treatment to reduce the risk of blood clots.

Our goal as a community is to ensure that patients in our community consistently receive safe, effective care in the hospital. The measures included in this report look at certain steps that are important to reduce the risk of developing problems like blood clots and infections.

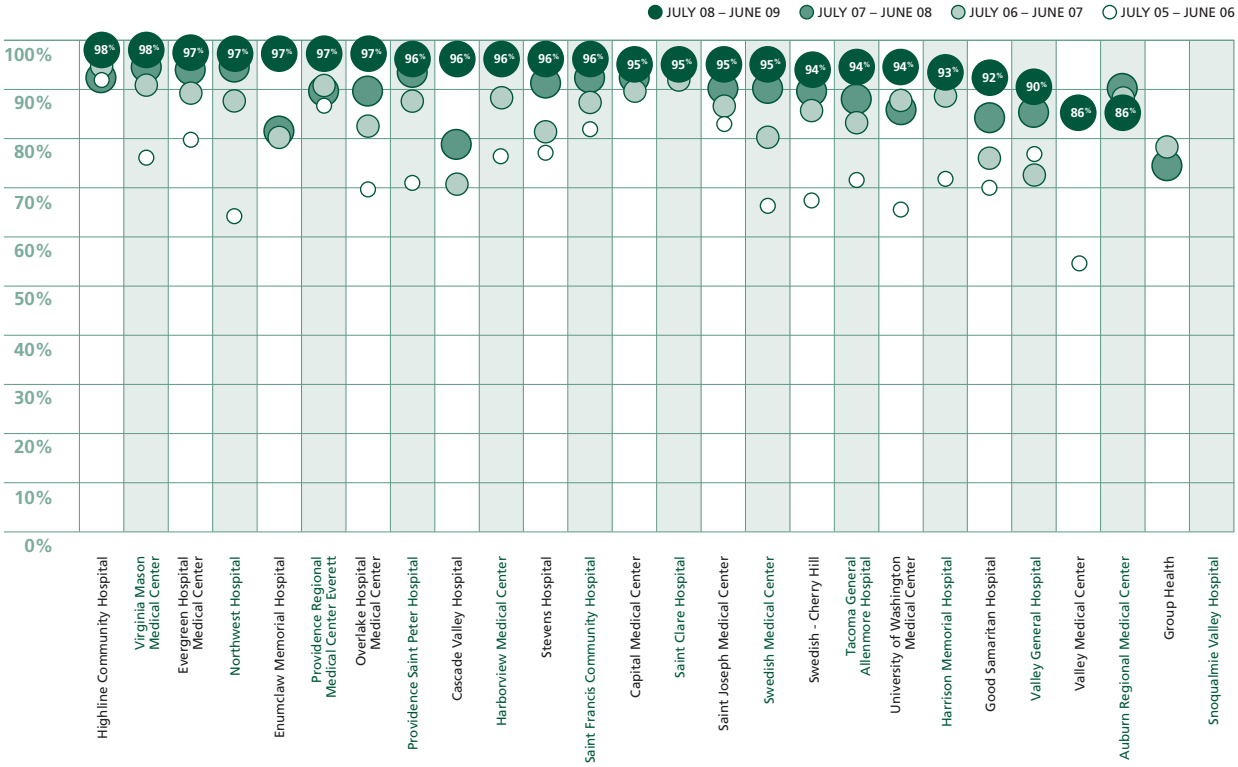
What is Measured?	Why Are These Measures Important?
Antibiotic given within one hour before surgery— How often hospital teams give patients antibiotics within one hour before surgery.	• Research shows that surgery patients who get antibiotics within the hour before their operation are less likely to get wound infections. Getting an antibiotic earlier, or after surgery begins, does not work as well.
Antibiotics are stopped within 24 hours after surgery—How often hospital teams stop giving antibiotics to patients within 24 hours after surgery.	• While antibiotics can lower the chances of infection after surgery, it is usually not necessary to continue the drugs for more than 24 hours after routine surgery, and doing so can increase the risk of side effects. Patients should talk with their doctors if they have questions about how long they should take antibiotics after surgery.
Correct antibiotic drug is given—How often patients get the right antibiotic drug, based on the type of surgery, to prevent a surgical wound infection.	• Certain antibiotics are recommended to help prevent infection for particular types of surgery. By following the guidelines for the correct antibiotic drugs, hospitals can reduce a patient's risk of getting a wound infection after surgery.
Treatment to prevent blood clots is ordered— How often doctors order treatments for patients to prevent blood clots from forming after certain surgeries.	• Treatment(s) to prevent blood clots must be given at the right time to prevent blood clots from forming after selected surgeries. A number of factors can increase a patient's risk of developing blood clots, but doctors can order treatments, called "prophylaxis," to reduce the risk. Such treatments may include blood thinning drugs, elastic support stockings, or mechanical air stockings that help blood circulation in the legs.

What is Measured?	Why Are These Measures Important?
Treatment to prevent blood clots is given within 24 hours before and after surgery—How often patients actually received treatment(s) to prevent blood clots within 24 hours (before or after) certain surgeries.	• Certain types of surgery can increase the risk of blood clots forming because patients do not move much during and, usually, after some surgeries. Treatments called "prophylaxis" should be provided at the right time. Approaches may include blood thinning drugs, elastic support stockings, or mechanical air stockings that help circulation in the legs.
Blood sugar control—How often heart surgery patients had their blood sugar (blood glucose) kept under good control in the days right after surgery	• Even if heart surgery patients do not have diabetes, keeping their blood sugar under good control after surgery lowers the risk of infection and other problems. "Under good control" means their blood sugar should be 200 mg/dL or less when checked first thing in the morning.
Appropriate hair removal—How often surgery patients who needed hair removed from the surgical area before surgery had hair removed using a safer method (electric clippers or hair removal cream – not a razor)	• Preparing a patient for surgery may include removing body hair from skin in the area where the surgery will be done. Medical research has shown that shaving with a razor can increase the risk of infection. It is safer to use electric clippers or hair removal cream.

Our Performance

The graph displays that performance on this measure varies from 86 to 98 percent during the most recent measurement year, with very high performance for multiple hospitals in our region. When looking at the results across four years, most hospitals have achieved significant improvement in results for surgical care, with the most recent rate in the green circle being the highest result for a particular hospital. Additionally, this may be another area of care where the sharing of best practices across the community could benefit regional performance.

Surgical Care



Cost Implications

Of the estimated 30 million surgeries performed each year, approximately 500,000 patients develop surgical site infections, at an estimated annual cost of $1.5 billion. Preventing surgical site infections and blood clots would not only improve the recovery of patients, it would also reduce the costs of treating such problems, including the potential of longer hospitalizations.

Patient Experience – General

Patient experience refers to important things that happen to you from when you enter a hospital until you leave. During a hospital stay, you should expect the following things:

- Your health care team, including doctors and nurses, should explain things in a way that you can understand, listen to you, and treat you with courtesy and respect.
- Your health care team should explain any drugs that you need to take, including why you need to take them, how and when you should take them, and what side effects the drugs might have.
- The hospital staff should do everything they can to help control your pain.
- You should get help when you need it.
- Your room and bathroom should be kept clean.
- The area around your room should be quiet at night.

Our goal as a community is to ensure that patients in our community consistently receive effective, respectful care when they are in the hospital. The measure included in this report assesses how hospitals are rated by patients.

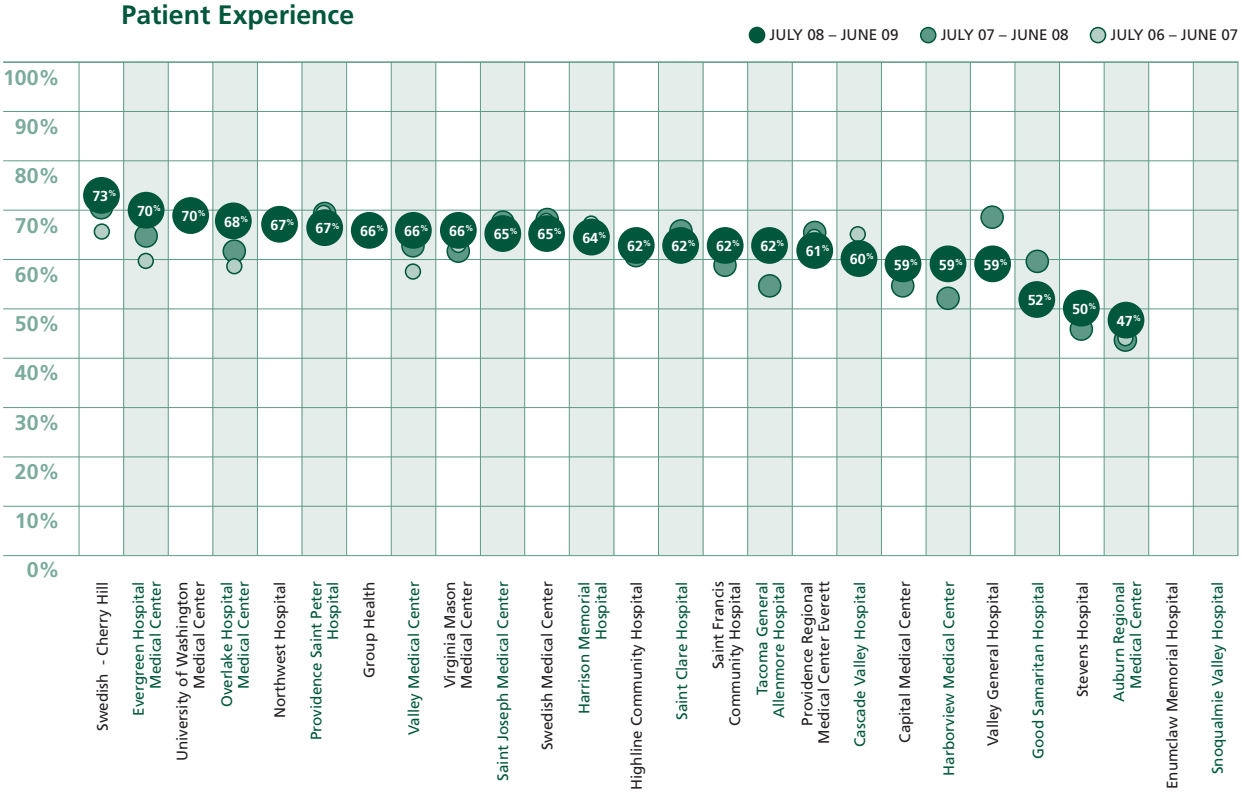
What is Measured?

Overall rating—The percentage of patients who responded "9" or "10" to the following survey question: "Using any number from 0 to 10 where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?"

Our Performance

The graph shows results for the patients' overall rating of the hospital for each hospital in our region over a three year period. Variability in the region is high, with the most current results ranging from 73 percent to 47 percent, indicating an opportunity for sharing experiences across the community.

Patient Experience



Serious Adverse Events

Serious adverse events are events or situations that should never happen to a patient. As such, they are sometimes referred to as "never events." These events were identified by the National Quality Forum (NQF), a nonprofit organization created to develop and implement a national strategy for health care quality measurement and reporting. While rare, these are serious problems that include surgery on the wrong body part, death or disability from a fall at a health care facility, and using contaminated drugs or devices.

Washington state law requires every hospital to report to the Department of Health (DOH) when a serious adverse event occurs in their facility. Each hospital must also analyze why the event occurred and submit the findings to DOH. In the coming months, the Alliance plans to publish on the Community Checkup web site DOH data on serious adverse events at hospitals within our region.

What is Measured?	Why Are These Measures Important?
Serious Adverse Events— How many "never events" occurred across all hospitals in Washington state between January 2009 and December 2009, the most recent four quarters of data available.	• Medical errors are the 8th leading cause of death in the U.S. • In Washington, 198 never events were reported in 2009. For the first six months of 2009, which is the most recent data available, the total number of hospital discharges in Washington was nearly 325,000, out of more than 1.3 million total hospital days. • In 1999 the Institute of Medicine reported that up to 98,000 Americans die every year from preventable medical errors in hospitals.

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	Jan–Mar 2009	Apr–Jun 2009	Jul–Sept 2009	Oct–Dec 2009	Total	%*
CARE MANAGEMENT EVENTS					100	51%
Patient death, serious disability from medication error	2			1	3	
Maternal death or serious disability (low risk pregnancy)				1	1	
Stage 3/4 pressure ulcers	20	27	27	22	96	
SURGICAL EVENTS					53	27%
Surgery performed on the wrong body part	2	7	3	5	17	
Surgery performed on the wrong patient			1		1	
Wrong surgical procedure	2	1	2	1	6	
Unintended retention of foreign object post surgery/procedure	6	9	4	10	29	
Post-operative death in normal, healthy patient					0	
ENVIRONMENTAL EVENTS					31	16%
Any incident in which a line designated for oxygen or other gas to be delivered contains the wrong gas or toxic substances		1			1	
Patient death, serious disability associated with a fall	3	7	9	10	29	
Patient death, serious disability associated with the use of restraints			1		1	

	Jan–Mar 2009	Apr–Jun 2009	Jul–Sept 2009	Oct–Dec 2009	Total	%*
CRIMINAL EVENTS					9	5%
Care ordered by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider	1				1	
Abduction of a patient of any age		1			1	
Sexual assault on a patient		1	2	1	4	
Death, significant injury of patient or staff from physical assault	1		1	1	3	
PATIENT PROTECTION EVENTS					3	2%
Patient death or serious disability associated with patient elopement			1	1	2	
Patient suicide or attempted suicide resulting in serious disability		1			1	
PRODUCT OR DEVICE EVENTS					2	1%
Patient death, serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended	1				1	
Patient death, serious disability associated with intravascular air embolism	1				1	
Total (All Events)	39	55	51	53	198	

*Due to rounding, percentages do not sum to 100%
Only events with incidents during the last 4 quarters listed. For a more complete list, see *www.WACommunityCheckup.org*

Note: These results come from the Washington State Department of Health and show serious adverse events reported to have occurred in hospitals or surgery centers in Washington state

Cost Implications

According to one study of commercially insured surgical patients, potentially avoidable hospital-acquired infections increased the in-hospital death rate by 3.1 percentage points and the hospital readmission rate by 7.7 percentage points over the 90 days following the original hospital admission. As a result, insurers made on average $19,480 in additional payments for care.

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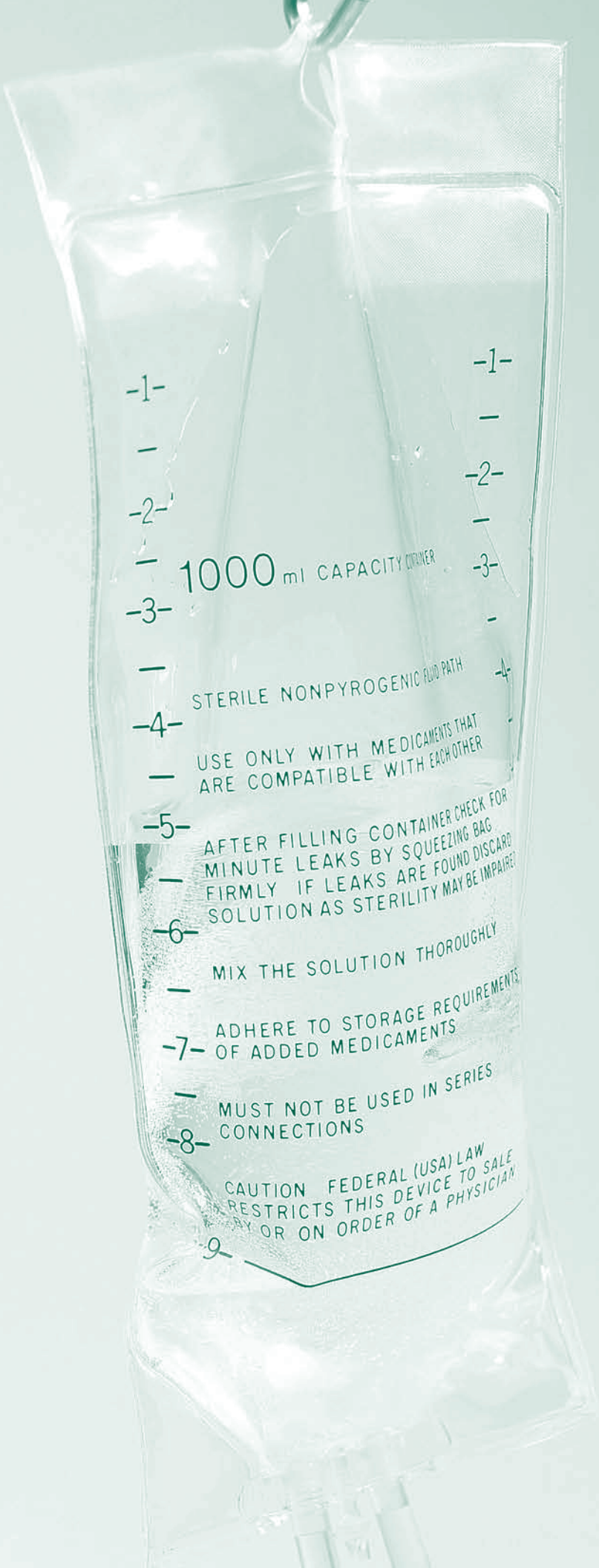
1000 ml CAPACITY CONTAINER
STERILE NONPYROGENIC FLUID PATH
USE ONLY WITH MEDICAMENTS THAT ARE COMPATIBLE WITH EACH OTHER
AFTER FILLING CONTAINER CHECK FOR MINUTE LEAKS BY SQUEEZING BAG FIRMLY IF LEAKS ARE FOUND DISCARD SOLUTION AS STERILITY MAY BE IMPAIRED
MIX THE SOLUTION THOROUGHLY
ADHERE TO STORAGE REQUIREMENTS OF ADDED MEDICAMENTS
MUST NOT BE USED IN SERIES CONNECTIONS
CAUTION FEDERAL (USA) LAW RESTRICTS THIS DEVICE TO SALE BY OR ON ORDER OF A PHYSICIAN

Appendices

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Appendix I: Medical Group Measures and Sources

The table below lists the measures included in the Community Checkup for medical groups. All of the detailed results by medical group and clinic site may be found at *www.WACommunityCheckup.org*.

Medical Group Measures and Sources

CATEGORY OF CARE	MEASURE DESCRIPTION	MEASURE SOURCE
Access to Preventive Care	Adults' Access to Preventive Health Services – Commercial	HEDIS
	Adults' Access to Preventive/Ambulatory Health Services – Medicaid	
	Children's Access to Primary Care Practitioners – 12-24 month and 25 months to 6 years	
	Children's Access to Primary Care Practitioners – 7-11 years	
	Adolescent's Access to Primary Care Practitioners – 12-19 years	
Prevention – Effectively Screening for Disease	Screening for Breast Cancer	HEDIS
	Screening for Cervical Cancer	
	Screening for Chlamydia	
	Screening for Colon Cancer for the Newly Eligible	
Appropriate Use of Services – Antibiotics and Imaging	Appropriate Use of Antibiotics – Common Cold	HEDIS
	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	
	Low Back Pain – Avoidance of X-ray, MRI and CT Scan	
Care for Patients with Diabetes	Blood Sugar (HbA1c) Test	HEDIS
	Cholesterol Test	
	Eye Exam	
	Kidney Disease Screening	
Care for Patients with Heart Disease	Cholesterol Test	HEDIS
	Beta Blockers	HEDIS
	Cholesterol-Lowering Medication	American College of Cardiology and American Heart Association

Medical Group Measures and Sources, continued		
CATEGORY OF CARE	MEASURE DESCRIPTION	MEASURE SOURCE
Care for Patients with Asthma	Use of Appropriate Medications	HEDIS
Care for Patients with Depression	Antidepressant Medication – 12 weeks Antidepressant Medication – 6 months	HEDIS
Use of Generic Prescription Drugs	Antacid Medication Antidepressants Cholesterol-Lowering Drugs Pain Relief	Puget Sound Health Alliance

The medical group and clinic measures used by the Alliance for the Community Checkup Report are based primarily on the Healthcare Effectiveness Data and Information Set (HEDIS®) specifications developed by the National Committee for Quality Assurance (NCQA). These measures include detailed specifications for calculating the results, including eligibility definitions, age ranges, procedure codes, specified dates of service, exclusions and continuous eligibility requirements.

The measure for the use of cholesterol-lowering medication for heart disease was developed by the American College of Cardiology and the American Heart Association. The Alliance modified the list of medications used to calculate this measure to include the most complete list of current cholesterol-lowering medications available. The four generic prescribing measures were developed by the Alliance in response to the significant potential for cost savings associated with filling prescriptions using generic rather than brand-name drugs. All of the above measure rates are calculated using data supplied by health plans, self-insured employers, union trusts and government agencies in our region.

The data are collected, validated and aggregated on behalf of the Alliance for measure calculation and reporting. The Alliance provides individual practitioner-level results to all participating medical groups for private, internal use and produces medical group and clinic level results for public reporting. *Note: the Alliance receives no information that personally identifies any individual patient at any time during the process.*

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Appendix II: Hospital Measures and Sources

The following table lists the hospital measures and the source of information included in the Community Checkup. All of the detailed results by hospital may be found at *www.WACommunityCheckup.org*.

Hospital Measures and Sources

CATEGORY OF CARE	MEASURE DESCRIPTION	MEASURE SOURCE
Heart Attack Care	Aspirin given at arrival to hospital	Hospital Compare (CMS)
	Aspirin given at discharge from hospital	
	Blood pressure medicine prescribed at discharge from hospital	
	Medicine to reduce blood clots given within 30 minutes of arrival at hospital	
	Medicines given to improve heart function	
	Patients advised to stop smoking	
	Procedure to open blocked blood vessels done within 90 minutes of arrival at hospital	
Heart Failure Care	Test of how the heart is pumping (LVS function) is given	Hospital Compare (CMS)
	Medicines given to improve heart function	
	Patients advised to stop smoking	
	Instructions given when patient is released from the hospital	
Pneumonia Care	Antibiotic given within 6 hours of arrival to hospital	Hospital Compare (CMS)
	Blood test done before an antibiotic is given	
	Correct antibiotic drug is given	
	Flu shot (influenza vaccination) is given	
	Patients advised to stop smoking	
	Pneumonia vaccine (pneumococcal vaccination) is given	

Hospital Measures and Sources, continued

CATEGORY OF CARE	MEASURE DESCRIPTION	MEASURE SOURCE
Surgical Care	Antibiotic given within one hour before surgery Antibiotics are stopped within 24 hours after surgery Correct antibiotic drug is given Treatment to prevent blood clots is ordered Treatment to prevent blood clots is given within 24 hours before and after surgery Blood sugar control Appropriate hair removal	Hospital Compare (CMS)
Patient Experience – Communication	Communication with doctors Communication with nurses Medicines explained	CMS Hospital Compare (HCAHPS patient survey)
Patient Experience – General	Cleanliness Discharge information Pain control Quiet at night Timely assistance from hospital staff	CMS Hospital Compare (HCAHPS patient survey)
Patient Experience – Overall	Overall rating Overall recommendation	CMS Hospital Compare (HCAHPS patient survey)
Heart Care Mortality (Death) Rates	Hospital 30-day death (mortality) rates from heart attack Hospital 30-day death (mortality) rates from heart failure	Hospital Compare (CMS)
Serious Adverse Events	Serious adverse events	The Leapfrog Group Washington DOH

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Hospital Measures and Sources, continued

CATEGORY OF CARE	MEASURE DESCRIPTION	MEASURE SOURCE
Patient Safety	Preventing medication errors Appropriate staffing in the Intensive Care Unit (ICU) "Never Events" policy	Leapfrog Group Annual Hospital Quality and Safety Survey
Meeting Standards Associated with Better Outcomes for High-Risk Care	Heart bypass surgery (coronary artery bypass graft) Heart angioplasty (percutaneous coronary intervention) Abdominal aortic aneurism repair Aortic valve replacement Pancreatic resection (removal of part of the pancreas) Esophageal resection (removal of part of the esophagus) Bariatric surgery High-risk births	Leapfrog Group Annual Hospital Quality and Safety Survey

Unlike the medical group measure results, the Alliance does not calculate the hospital measure results that appear in the Community Checkup. Instead, the Alliance combines the results from several public sources to help all of us learn about hospital care across the Puget Sound region.

Appendix III: Hospital Quality Improvement Initiatives

Hospitals in our region are active in various collective quality improvement initiatives. These include:

Robert Wood Johnson Foundation National Collaboratives

Aligning Forces for Quality: Transforming Care at the Bedside Collaborative - Tacoma General Hospital of the MultiCare Health System and St. Francis Hospital of the Franciscan Health System are participating in a collaborative to engage nurses and frontline staff to improve the quality and safety of patient care on medical and surgical units.

Aligning Forces for Quality: Language Quality Improvement Collaborative - Harborview Medical Center and Valley Medical Center are participating in this collaborative to engage health care providers, language services providers, and leaders at all levels of the health care organization to:

- improve the delivery and availability of language services for persons with limited English proficiency (LEP);
- improve the safety of LEP patient care; and
- implement performance measurement to improve language services.

As an Aligning Forces for Quality grant recipient, the Puget Sound Health Alliance is the local coordinating contact for the Foundation in these efforts. We will work with the hospitals to understand their successes and help spread lessons learned and other insights about the new quality improvement innovations across this region.

SCOAP Surgical Checklist

The Puget Sound Health Alliance is a member of the *SCOAP Surgical Checklist Coalition*, which promotes the use of the SCOAP Surgical Checklist in all operating rooms in every hospital in Washington state. The Surgical Care and Outcomes Assessment Program (SCOAP) is a clinician-led, voluntary collaborative that links hospitals and surgeons with clinicians from across the state to increase the use of best practices in surgical care. This collaborative effort is to ensure that the necessary steps for safe surgery are taken every time surgery is performed, to reduce the risk of avoidable complications and improve patient outcomes.

Washington State Hospital Association (WSHA) Intensive Care Unit (ICU) Safe Care Initiative

This two-year initiative expands skills of ICU staff to reduce patient harm by focusing on eliminating central line infections. Washington state hospitals are leading the nation in this effort and are part of the first cohort. Seventy percent of hospitals in the state are participating in this active learning process being led by WHSA staff with content and guidance from national experts. Sponsors of the work include WSHA, the Puget Sound Health Alliance, Washington State Medical Association, and several others. Hospitals in Colorado and North Carolina are also included in this effort.

Reducing Preventable Rehospitalizations

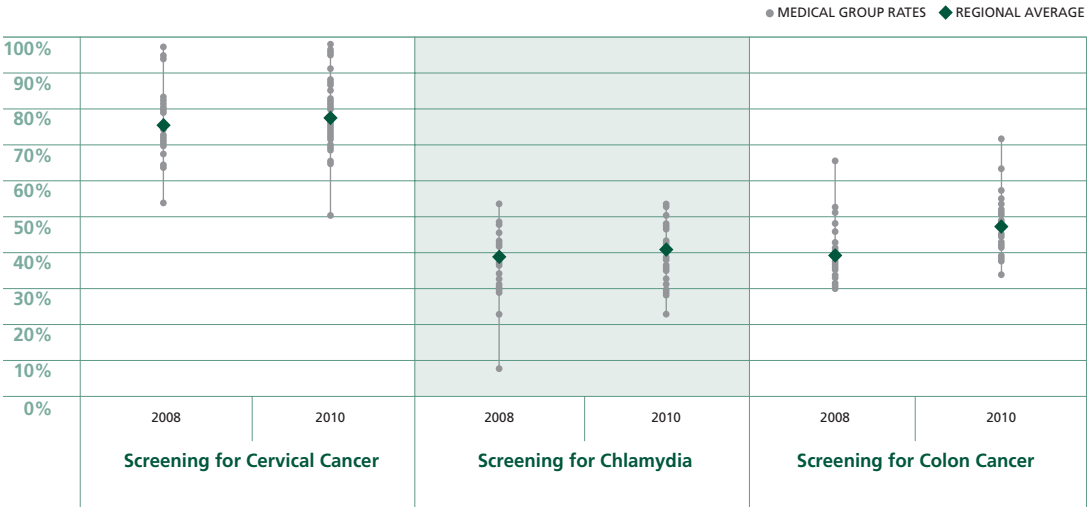
WSHA is also working with community partners, including the Institute for Healthcare Improvement, the Puget Sound Health Alliance, the Washington State Health Care Authority, Qualis Health, and the nursing home and home health associations to reduce hospital readmissions in Washington state. Based on current data, it is estimated that the average 30-day readmission rate in Washington is 14-15 percent, with some hospitals experiencing readmission rates of more than 30 percent. The aim is to reduce statewide 30-day rehospitalization rates by 30 percent and to increase patient and family satisfaction. Although Washington has a comparatively low rate of readmission compared to other states, significant gains can still be accomplished in the area of unplanned readmissions. The Alliance has a particular interest in seeing improvements in measurement of rehospitalization to better understand the magnitude of the problem and to track improvement over time. Ideally, we would be able to track readmissions not just by hospital, but also by medical group in order to target interventions and improvements in transitions of care. Going forward, the Alliance is interested in adding new hospital data that has the potential for increasing awareness and motivating improved patient safety and affordability of care.

Health Care Associated Infections

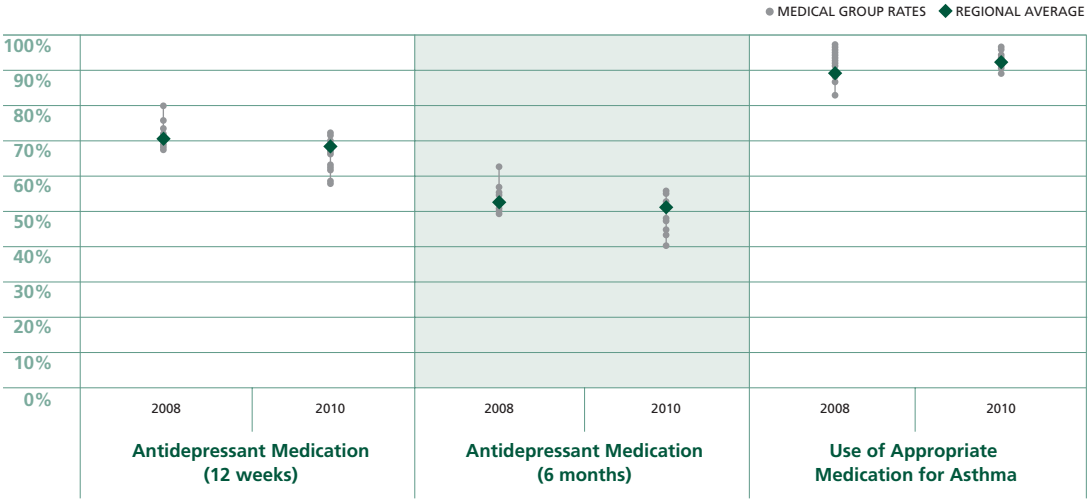
We plan to include hospital-level data on health care associated infections as it becomes available from the Washington State Department of Health (DOH). DOH has publicly released the first set of results, on central line-associated bloodstream infections in intensive care units. Over the following two years, data will be publicly available on ventilator-associated pneumonia and surgical site infection for: (1) deep sternal wound for cardiac surgery, including coronary artery bypass graft; (2) total hip and knee replacement surgery; and (3) hysterectomy, abdominal and vaginal.

Appendix IV: Comparison of Data for Commercial Payers: 2008 vs. 2010 Reports

Preventive Care



Appropriate Use of Medications for Chronic Conditions



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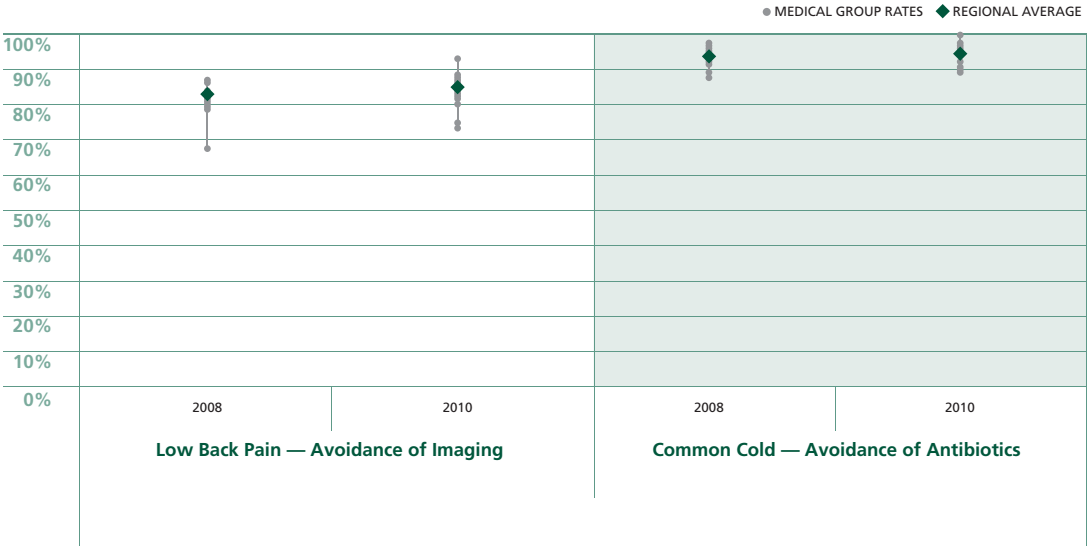
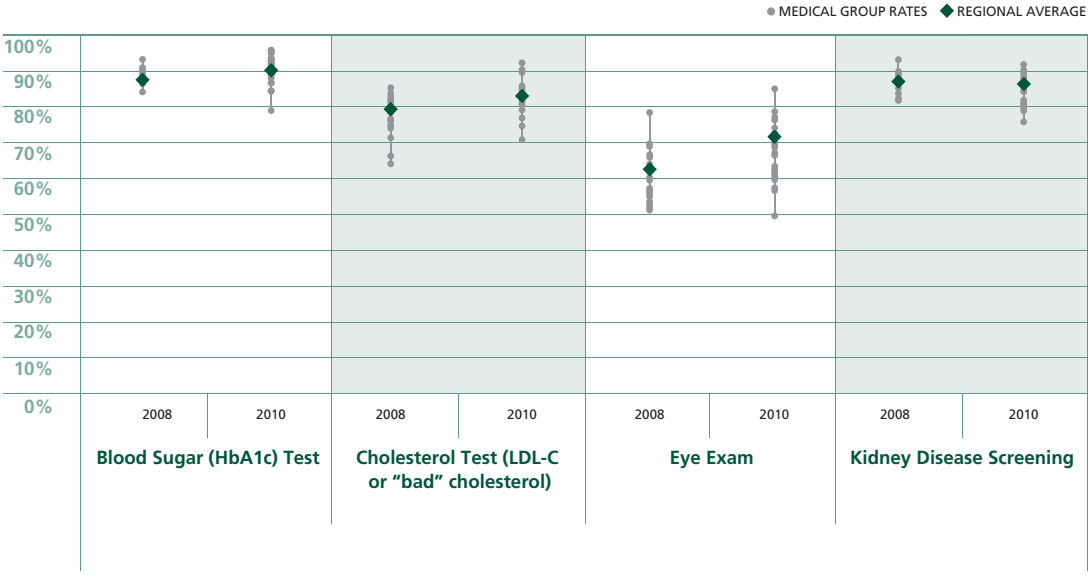
Puget Sound Health Alliance

Appropriate Use of Care

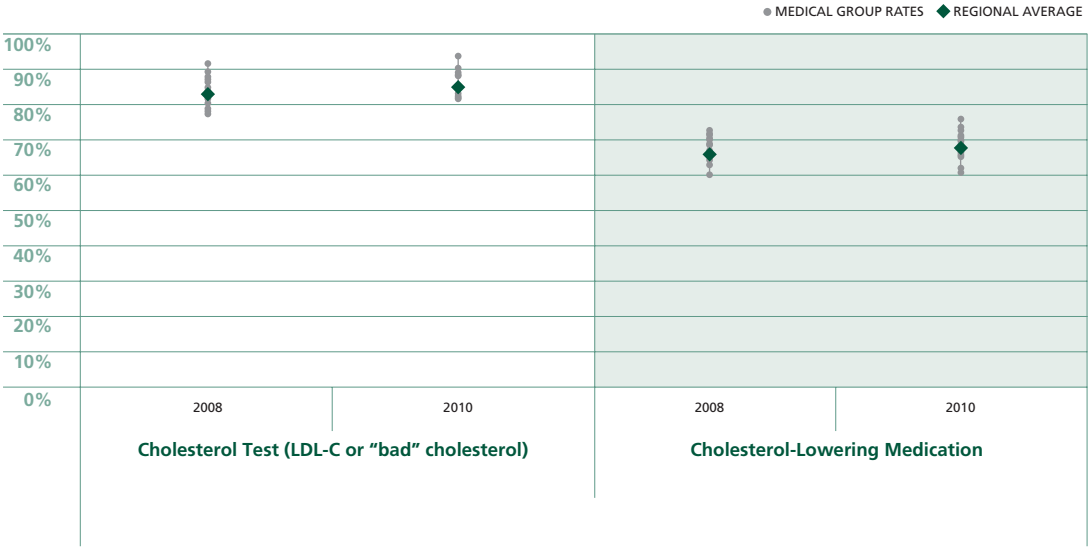


Diabetes Care

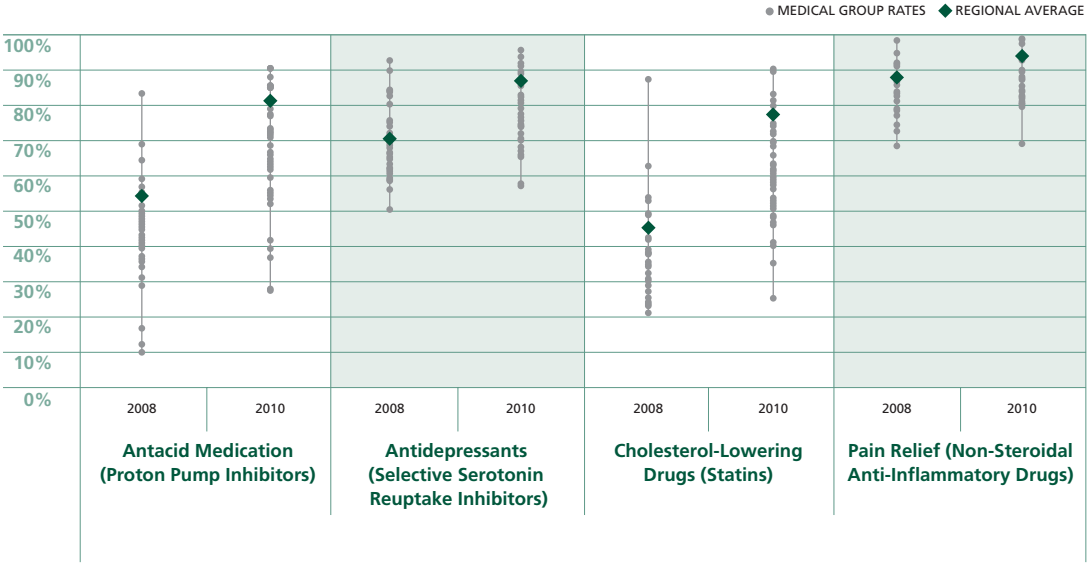


Questions or comments about this report?
Let us know at info@pugetsoundhealthalliance.org

Heart Care



Use of Generic Prescription Drugs



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Appendix V: Puget Sound Health Alliance Participants

Puget Sound Health Alliance Participants
Current as of June 2010

EMPLOYERS AND OTHER PURCHASERS

Alaska Airlines Air Group
The Boeing Company
Carpenters Trusts of Western Washington
City of Everett
City of Seattle
Greater Seattle Chamber of Commerce
King County
Nyhus Communications
Pierce County
Point B
Port Blakely Companies
Puget Sound Energy
Recreational Equipment Inc. (REI)
Snohomish County
SEIU Healthcare NW Benefits Trust
Starbucks
Todd Pacific Shipyards
Union Trusts: United Food and Commercial Workers (UFCW)/ Teamsters Taft-Hartley Group
Washington State Health Care Authority
Washington State Health Insurance Pool

PHYSICIANS, OTHER HEALTH PROFESSIONALS AND HOSPITALS

Bastyr University
Cardiac Strategies Co., Inc.
Cardiovascular Consultants, Inc.
Center for Diagnostic Imaging
Donaldson Physical Therapy
The Everett Clinic
Evergreen Healthcare
Franciscan Medical Group
Gilead Sciences
Harrison Medical Center
Highline Medical Group
Highline Medical Services Organization
Homewatch Caregivers of Western Washington
Institute of Complementary Medicine
Iverson Genetic Diagnostics Inc.
Kitsap Children's Clinic, LLP
LabCorp - Dynacare Northwest
Lakeshore Clinic
Mercer Island Pediatrics
MultiCare Medical Group
Neighborcare Health
Northwest Kidney Centers
Northwest Physicians Network
Northwest Weight Loss Surgery
Overlake Hospital Medical Center
Overlake Surgery Center
Pacific Medical Centers
PeaceHealth
Pediatric Associates
Physicians of Southwest Washington
The Polyclinic
Proliance Surgeons
Providence Health System – Washington
Puget Sound Cancer Centers
Puget Sound Family Physicians
Puget Sound Health Partners
Puget Sound Orthopaedics
Qliance Medical Management
Radia
Rockwood Family Medicine
Seattle Children's
Seattle OB/GYN Group
Sound Family Medicine
Sound Mental Health
Southcenter Chiropractic
Southlake Clinic
Stevens Healthcare
Swedish Medical Center
Tooth Fairies
Tumor Institute Radiation Oncology Group, LLP
UW Medicine
Valley Medical Center
Virginia Mason Medical Center
Western Washington Medical Group
Woodinville Pediatrics

Questions or comments about this report?
Let us know at info@pugetsoundhealthalliance.org

COMMUNITY PARTNERS

American Heart Association
King County Medical Society
Lean West Consulting
Pierce County Medical Society
Puget Sound Regional Council
Washington Health Foundation

OTHER HEALTH-RELATED ORGANIZATIONS

AARP Washington State Office
Allied Health Advocates, LLC
American Diabetes Association
Association of WA Healthcare Plans
Aukema & Associates
Baldwin Resource Group
Bennett Bigelow & Leedom, P.S.
Caremark
Carol Corp
ClearPoint
Coopersmith Health Law Group
DiMartino Associates, Inc.
Foundation for Health Care Quality
Hagen Wall Consulting
Healthcare Actuaries
Inland Northwest Health Services
Integral Solutions
Mercer Health and Benefits
Milliman
ODS Companies
OneHealthPort
Physicians Insurance
Qualis Health
Quest Diagnostics
SonoSite, Inc.
Towers Watson
TRUEbenefits LLC
ViPS
WA Academy of Family Physicians
WA Association of Naturopathic Physicians
WA Dental Hygienists' Association
WA Health Care Forum
WA State Hospital Association
WA State Medical Association
WA State Medical Oncology Society
WA State Nurses Association
WA State Pharmacy Association

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

Aetna Health Plans of Washington
Cigna
Community Health Plan of Washington
First Choice Health Network
Group Health Cooperative
Molina Healthcare of Washington, Inc.
PacifiCare Health Systems
Premera Blue Cross
Regence BlueShield
United Health Group
VSP Vision Care
WA Dental Service
Zenith Administrators

2003 Western Avenue, Ste 600, Seattle WA 98121
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Puget Sound Health Alliance

PHARMACEUTICAL MANUFACTURERS		
Boehringer-Ingelheim	GlaxoSmithKline	Novartis Pharmaceuticals Corp.
Eisai	Johnson & Johnson Health Care Systems, Inc.	Novo Nordisk, Inc.
Eli Lilly	Merck & Co., Inc.	Pfizer, Inc.
Genentech		Sanofi-aventis
INDIVIDUALS		
Johannes Dankers, M.D.	Tom Greene	Stephen Vincel Smith
Dwyane Eriksen	Ellen Jensen	Stan Sorscher
Ron Feld, RN	Christopher Mendez	Margaret Stanley
Gary Feldbau, M.D.	The Honorable Cheryl Pflug	Nancee Wildermuth
Carmen Filbert	Sandra Rorem	
Dorothy Graham	Kay Seim	

The number of participants keeps growing! Contact us for more information about how to join, including annual participation fees. We encourage everyone to get involved.

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 over 150 participants, our mission is to build a strong alliance among patients, doctors and other health professionals, hospitals, employers, unions and health plans to promote health and improve quality and affordability. The Alliance's approach includes several activities to improve health, quality and cost:

- promoting preventive care;
- improving the management of chronic disease;
- using evidence to guide doctors and patients to make high-value health care decisions;
- reducing duplicative or unnecessary care; and,
- measuring and reporting how often patients get key elements of effective care, to gauge how well we are all doing in this region and to support and encourage improvement.

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. We hope the Community Checkup will help health care organizations improve performance, patients make informed decisions about their health and health care, and purchasers and health plans structure programs to reward value.

To see all results in the Community Checkup report, go to *www.WACommunityCheckup.org*.

For more information about the Alliance, go to *www.PugetSoundHealthAlliance.org*.

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