



Leading health system improvement

Comparing Local Health Care in Washington

2013 Community Checkup Overview

www.wacommunitycheckup.org



Leading health system improvement

Dear Community Member:

December 12, 2013

When the first Community Checkup report was introduced in January 2008, it was met with trepidation. How would the community respond to information about the quality of care among medical groups and clinics? How would consumers use the results? How could providers take advantage of data from a reliable third-party source to improve care?

Almost six years later, those fears have been allayed. The Community Checkup has become the go-to resource for unbiased, trustworthy data about the quality of care in the Puget Sound region. Providers use the data to determine areas of improvement, and consumers to help choose a primary care home. The community as a whole sees the report as a necessary and integral component in the overall effort to transform the health care system.

After seven versions, it might seem that the Community Checkup has become routine: just another annual report with a few interesting variations. But that is not how we view the Community Checkup. This report is not just about how well we perform as a region. It's also about how well we *want* to perform as a region. Our collective goal is that providers are in the top ten percent of national performance in the delivery of quality, evidence-based care, resulting not just in better care for patients but in a reduced cost trend.

That's why, in this report, we are focusing on the region's performance against the national 90th percentile. That's where we want to be. In some cases, we are already there, which just underscores how attainable that goal is. But in far too many cases, we have significant work to do to meet that goal.

Thanks to a grant from the State, the Community Checkup now includes county-level results for the entire state. We are excited to begin moving beyond the Puget Sound area and see these results as the opening of a dialogue with those who give, get and pay for health care across Washington State. We look forward to the contributions that they will make to help us reach our joint goal of a high-quality, high-value health care system.

In recognition of our plans to incorporate the entire state into our performance measurement and reporting activities, this report introduces the organization's new name: the **Washington Health Alliance**. It will take us some time to expand our work, but we are excited by the opportunity to branch out and to help amplify the great work others across the state have already undertaken.

This report also highlights some of the Alliance's other accomplishments over the past year, including the region's first report on price variation for high-volume hospitalizations and the partnership between the State and the Alliance to establish the Alliance as the Data Center for Washington. These achievements in particular signal a new era not just for the Alliance, but in the development of a sustainable effort to increase the value of care for all Washingtonians.

None of these accomplishments would be possible without the Alliance's members, especially medical groups, data suppliers and the members of our board and committees whose counsel and sweat equity are invaluable. We are grateful to be able to draw upon the time and advice of these individuals and organizations, which makes our work possible.

Finally, we acknowledge the ongoing support of the Robert Wood Johnson Foundation's national Aligning Forces for Quality (AF4Q) initiative. The Alliance has been part of AF4Q since before the first Community Checkup was ever released, making it possible for us to both learn from and teach colleagues from across the country doing similar work to improve health care in their states and local communities. We have come a long way in the intervening years, in no small part because of the knowledge, technical assistance and funding we have received as a member of AF4Q. For that, we are very grateful.

A handwritten signature in dark ink that reads 'Mary McWilliams'.

Mary McWilliams
Executive Director
Puget Sound Health Alliance

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Taking the Pulse of Health Care in Washington

The Washington Health Alliance has a bold vision: by 2017 physicians, other providers and hospitals in the region will achieve the top 10 percent in performance nationally in the delivery of quality, evidence-based care and in the reduction of unwarranted variation, resulting in a significant reduction in medical cost trends. To achieve this goal, will require the aligned efforts of those who give, get and pay for health care. Performance measurement and reporting is an important element in that drive for change.



Executive Summary

The seventh Community Checkup includes results for 85 medical groups, 305 clinics of four or more clinicians as well as 30 hospitals within King, Kitsap, Pierce, Snohomish and Thurston counties. Also, for the first time this year, it also includes county-level results for the entire State of Washington.

The Alliance's vision is that by 2017, providers in the region will be in the top 10 percent of performance nationally. The result will be better, evidence-based care for patients, a reduction in unwarranted variation in care, and a lower cost trend for health care.

The Community Checkup is an important tool to measure how the region is doing in attaining that goal. The report provides a comprehensive overview of health care performance for measures that fall into the areas of prevention, chronic disease management, use of generic prescription drugs and appropriate use of services. Together, the measures paint a picture of quality ambulatory care that patients should expect to receive.

Results for these measures are available in two levels of detail. As with past reports, this Community Checkup reports on 21 measures of quality care provided by medical groups and clinics in King, Kitsap, Pierce, Snohomish and Thurston counties.

For the first time, the Alliance is also reporting the ambulatory measures at the county-level for all 39 counties in Washington. This marks an important step in beginning a statewide dialogue about quality, evidence-based care for all Washingtonians. In the 2014 Community Checkup, the Alliance plans to report at the medical group and clinic level for two additional population centers in the state still to be determined. The Alliance's goal over time is to provide reporting at that level for the entire state.

This year's report adds one new measure: the fill rate for generic prescription drugs for attention deficit hyperactivity disorder (ADHD). Unlike the other generic measures that we report, we are not yet reporting this measure at the individual provider level, nor are we reporting a performance goal. We are also retiring one generic drug measure regarding NSAIDS. The regional rate for this measure has been at or within 2 percentage points of the target for several years. Moreover, most NSAIDs are available over the counter and prescription NSAIDS are no longer covered in benefit packages to the extent they were when the measure was first reported.

Although pediatric patients (those 18 years old and younger) may be included in some measure results, most of the measures that the Alliance reports were developed with an adult population in mind. For example, the measure for generic prescriptions for proton pump inhibitors (for stomach acid) does not account for pediatric patients who may require PPIs in liquid form, for which no generic is available.

Finally, the Community Checkup also compiles quality results for hospitals. We do so to cover the continuum of care, from outpatient to inpatient. Unlike the ambulatory measures, which draw upon the Alliance's database of medical claims, the hospital measures rely upon reporting from other sources, including Hospital Compare and Leapfrog.

Common Themes

As might be expected, the seventh Community Checkup reinforces some common themes that have emerged in past reports. In some cases, this is reassuring, but in others it's a sign that the region is not making significant progress in achieving excellence.

- Variation remains a stubborn problem. Even in measures where the standard of care is well established, such as for diabetes, the range in performance among medical groups is surprisingly wide.

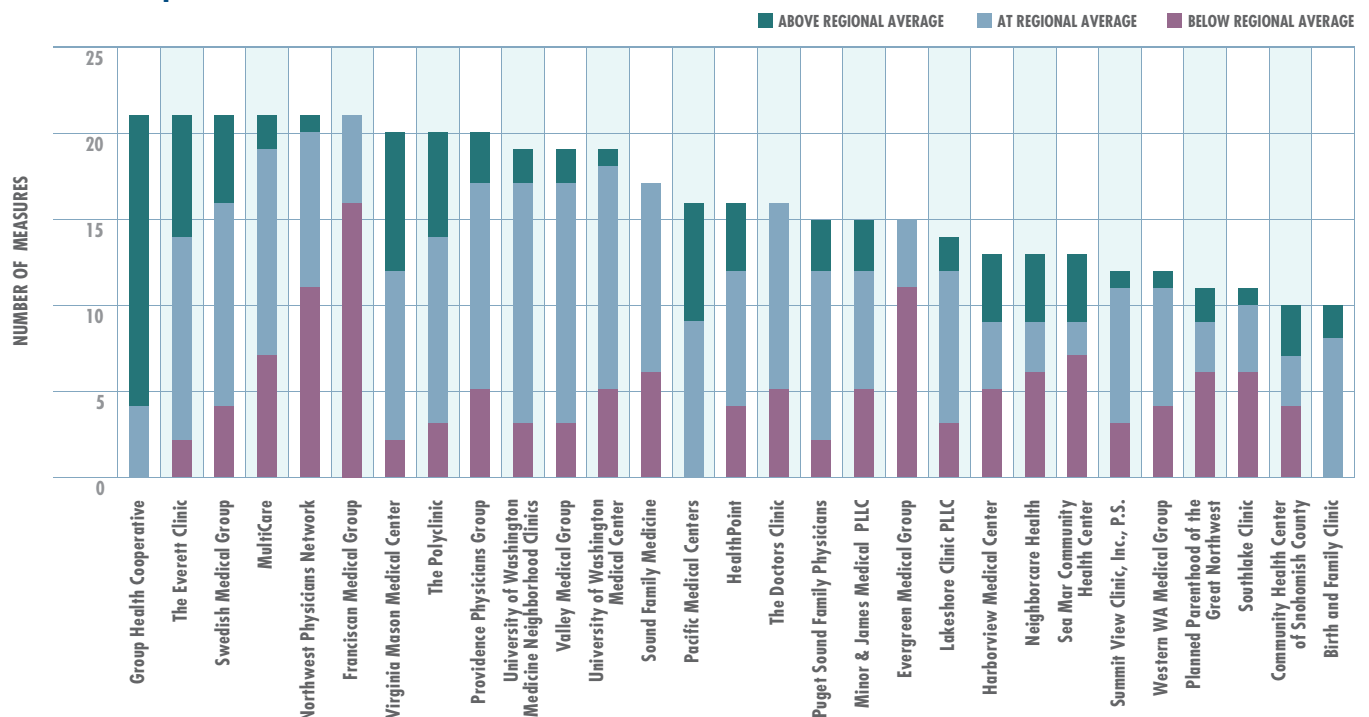
- The region has proven that it can be among the best in the country. On two measures—avoidance of imaging for low back pain and avoidance of antibiotics for colds—the region is at or even above the national 90th percentile benchmark. Excellence is just beyond reach for a handful of other measures.
- Movement over time is modest. Results for some measures have improved somewhat over time, and a few have declined, but none has shown dramatic improvement.
- Everyone has the opportunity to do better. No medical group, clinic or hospital is good at everything. Improvement in regional results doesn't depend on just a few; it is incumbent on everyone.

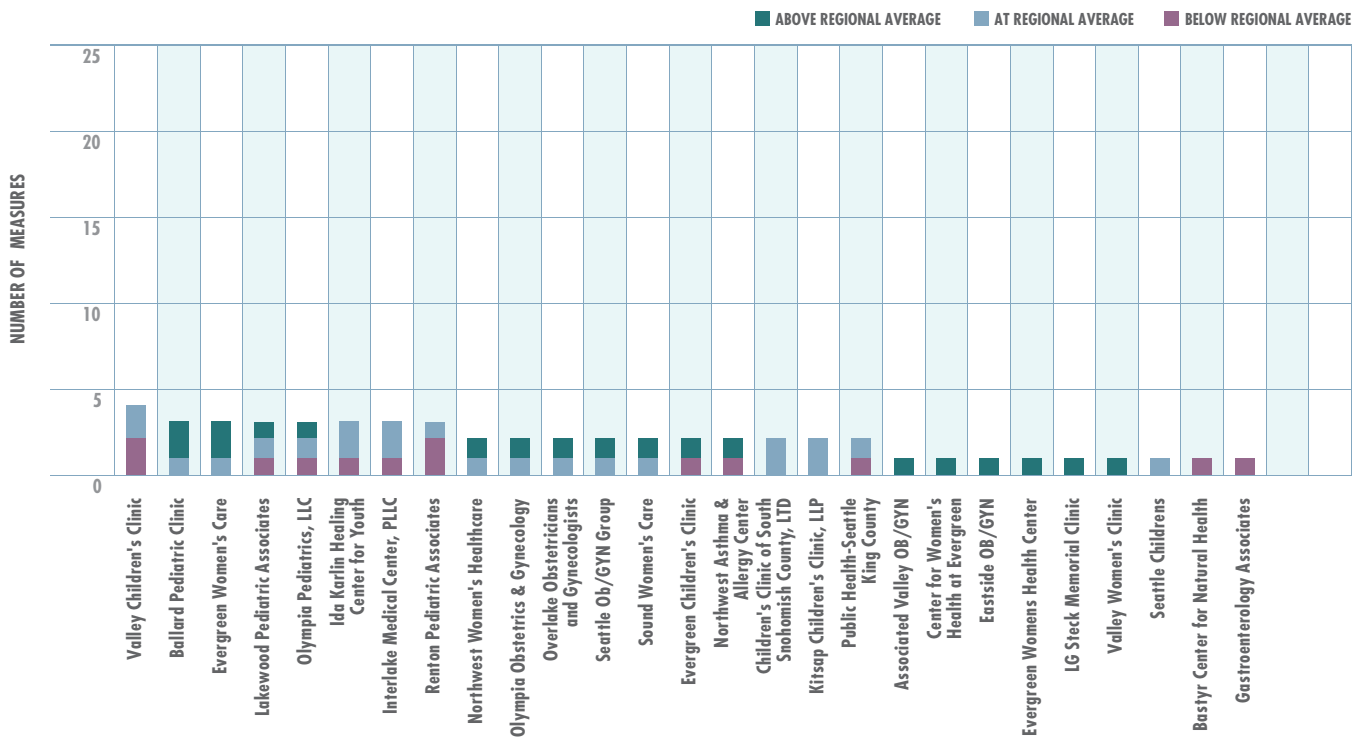
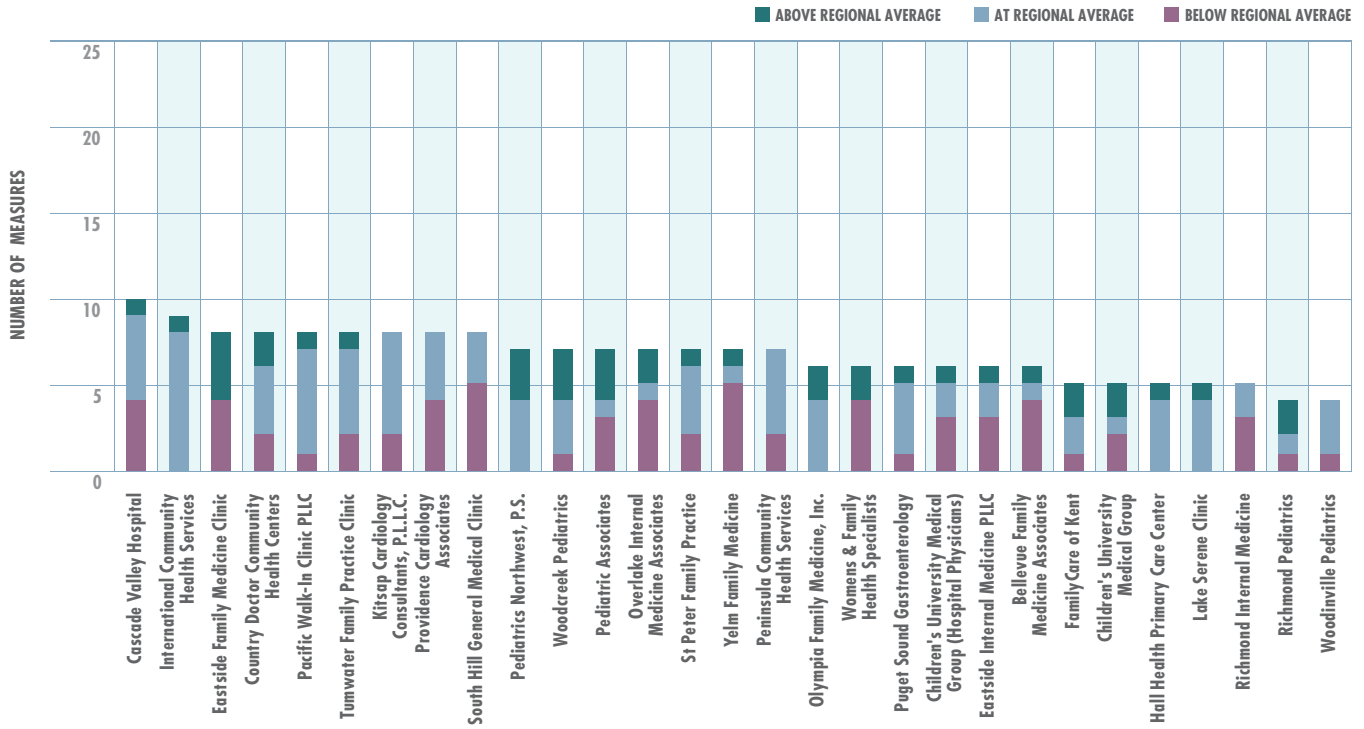
The ambulatory quality results in this report are based on the care approximately 3.3 million people throughout the State received from their medical groups from July 2011 to June 2012. All-payer results include both Medicaid and commercially insured patients. Most of the charts displayed in this report represent the commercial population, where it is possible to benchmark the national 90th percentile performance, consistent with the Alliance's vision of high performance. Only the medical groups overview charts on these pages represent all-payer data. Results for the Medicaid population are available on the Community Checkup website.

The graphs in this section show how each of the individual medical groups in the Puget Sound region performs in terms of the number of above average, average and below average results for the 21 measures reported at the medical group level. Because results are reported at the medical group level only if the group has at least 160 patients for any given measure, most groups do not have results for all of the measures. The graphs below start with those medical groups that report on 21 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 overall performance of the medical groups based on the quality measures included in this report.

To see specific medical group and clinic results, as well as full county-level and hospital results, please visit the Community Checkup website: www.WACommunityCheckup.org.

Medical Groups Results Overview





A close-up, artistic photograph of a person's face, focusing on the right ear and cheek. The person has dark hair and is wearing a small, round, pinkish-red diamond earring. The background is blurred, showing what appears to be a medical or clinical setting with some equipment.

Key Findings from the 2013 Checkup

The results from the 2013 Community Checkup underscore yet again that substantial variation in the quality of care remains a stubborn problem. Eliminating unwarranted variation would improve patient care and drive down cost, while reducing waste. It is gratifying to see that many individual clinics, medical groups and hospitals deliver care that rivals the best in the nation. However, until the region sees a significant reduction in variation and an overall increase in performance across the board in many important areas, quality of care will suffer and we will be missing countless opportunities to deliver evidence-based health care to improve health and well-being.

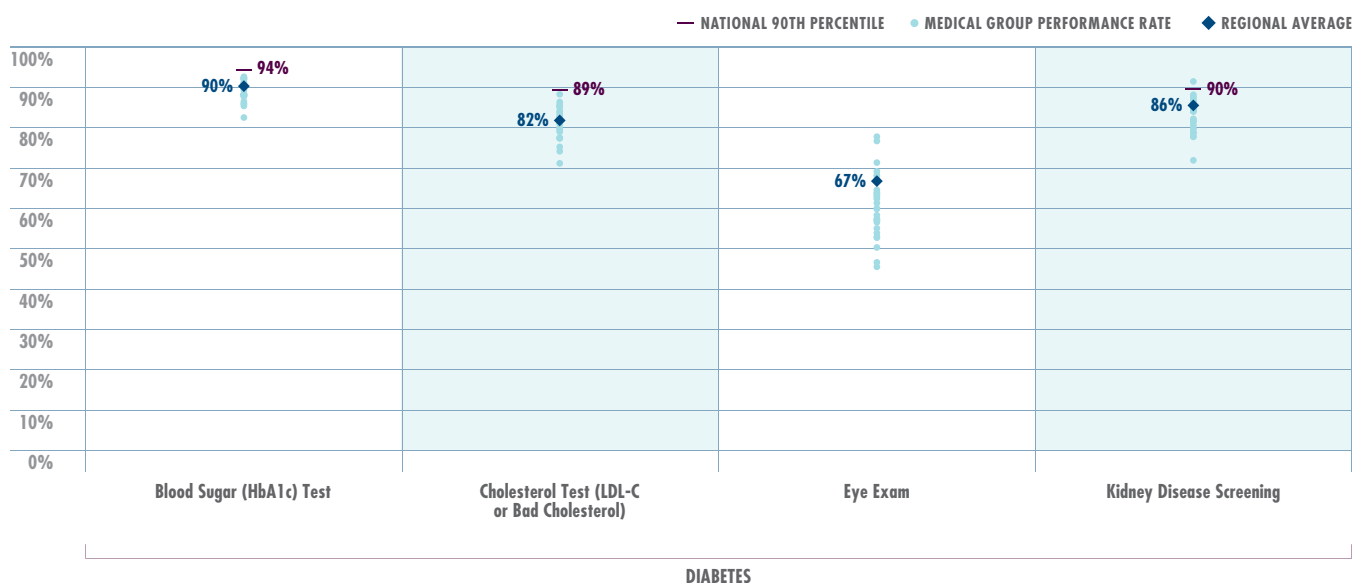
The following is a high-level summary of the results of the 2013 Community Checkup, based upon results from commercially insured patients. In most but not all cases, Medicaid patients receive lower quality care on average than commercially insured patients. Full results for Medicaid patients are available on the Community Checkup website.

Diabetes Care

- Despite a well-established standard of care for diabetes, the region still does not reach the national 90th percentile for the three measures where a benchmark is available.
- Variation is surprisingly high across all four measures.
- These measures are important for preventing complications that can lead to hospitalizations, which would reduce the growing cost of diabetes care in the State.

Diabetes is a serious disease where blood glucose (blood sugar) is too high. When unmanaged, diabetes can cause serious health complications including heart disease, blindness, kidney failure, and amputations of the foot or leg. The growing threat of diabetes to the health of our population is well documented. In the Puget Sound area, approximately 8% of people have already been diagnosed with diabetes and it's estimated that as many as one in three people are at risk for diabetes. The disease is a major contributor to health care costs. The American Diabetes Association estimates that the average patient who has been diagnosed with diabetes has medical expenditures 230% higher than people without diabetes. Because hospital inpatient care is a significant contributor to these expenditures, managing diabetes to reduce the risk of complications is critically important and can lower the financial and emotional burdens that patients bear.

The region performs reasonably well on diabetes care for the commercially insured population. However, the regional average does not reach the 90th national percentile. Moreover, the variation among medical group performance on most measures of diabetes care is significant, which is troubling given how common diabetes is among Puget Sound residents and how quickly their numbers are growing. The standard of care for diabetes is well established and has been for some time, so our failure to achieve top 10 percent performance as yet is a significant disappointment and one that we collectively need to own to solve.

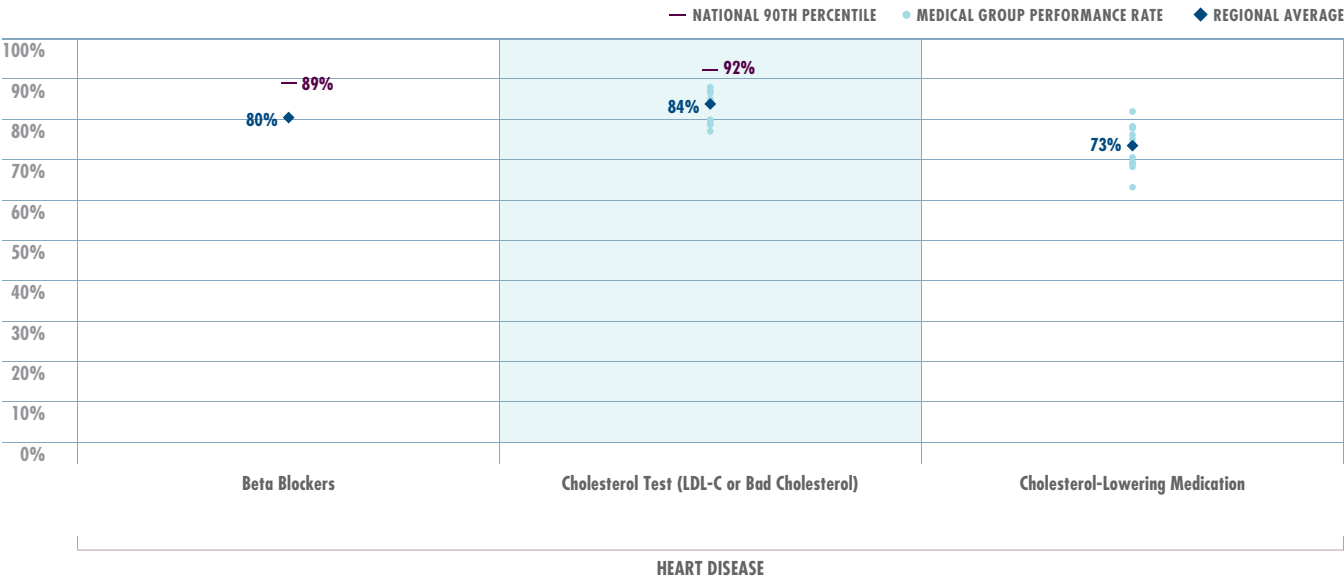


Heart Care

- The region falls short of top 10 percent performance on the two measures for which there is a national benchmark.
- Roughly one in five patients is not receiving the care they need to manage their disease.
- Variation is not as pronounced among these measures compared to others but is still significant.

The measures in the Community Checkup report focus on coronary artery disease (CAD) and stroke. The death rate for stroke in Washington is among the highest in the nation. High blood pressure and high blood cholesterol are leading causes of cardiovascular disease. It’s estimated that, in Washington, one in four people have high blood pressure and one in three have high blood cholesterol. The measures in this year’s Community Checkup look at whether patients received a cholesterol test after they were discharged from the hospital for an event due to heart disease, whether patients who had a heart attack filled a beta blocker prescription for six months after hospital discharge and whether patients with heart disease had at least one prescription filled to lower cholesterol.

Results for the heart disease measures fall well short of the goal of top 10% performance where benchmarks are available. All three measures are considered basic care for patients with heart disease, so the shortfall disappointing. As with diabetes, these are well-established standards of care, so the region should be able to excel in its performance.



Appropriate Treatment for Chronic Conditions

- Performance falls below the top 10 percent nationally for both depression measures, a problem given the wide impact that depression has on overall health and productivity.
- The region is closer to the national 90th percentile for the COPD measure, but because performance nationally is lagging, that still means nearly half of all patients aren't receiving Spirometry testing. With nearly 9 in 10 asthma patients in the region receiving long-term controller medications, the region is within striking distance of top 10% national performance.



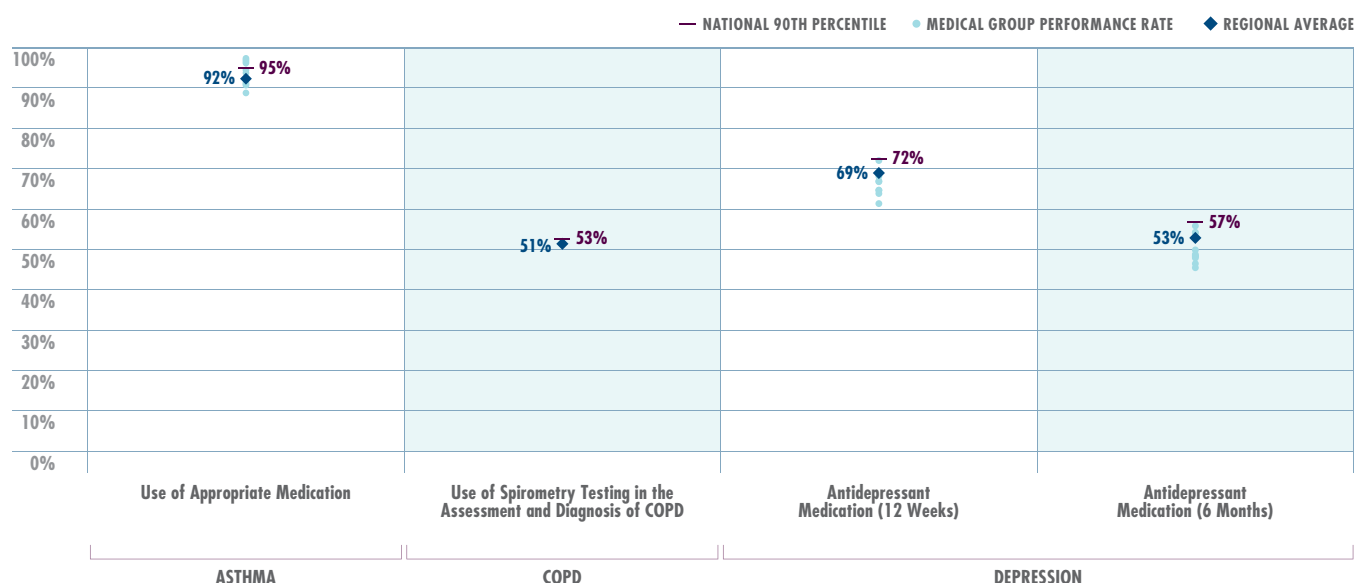
Effective treatment for chronic conditions such as asthma, chronic obstructive pulmonary disease (COPD) and depression, means managing the disease to prevent complications that might otherwise be avoided. Doing so not only reduces costs, but more importantly helps people to have a better quality of life.

More than half a million adults and 120,000 youth in Washington currently have asthma and more than 5,000 people with asthma are hospitalized each year. Long-term asthma control medications, generally taken daily, are the cornerstone of asthma treatment. These medications keep asthma under control on a day-to-day basis and make it less likely that a person will have an asthma attack. The asthma measure included in the Community Checkup examines whether people who have asthma received long-term controller medications.

In the case of COPD, spirometry (a test used to measure functioning of the lungs) is a common office test used to diagnose the disease and to periodically check how well a person's lungs are working once diagnosed with the disease. The COPD measure in the Community Checkup looks at the use of spirometry testing for those newly diagnosed with the disease.

Major depressive disorder has a significant impact on many, both as a stand-alone illness and when experienced in conjunction with other chronic conditions; the impact includes incidence and adverse outcomes of medical illness, disruption in interpersonal relationships, substance abuse, and lost work time. With appropriate treatment, often including medication (anti-depressants), it's estimated that 70-80% of individuals with major depressive disorder can achieve a significant reduction in symptoms. In the Community Checkup, the two depression measures look at sustained use of antidepressant medication, including examination of a twelve-week period to address the acute symptoms of depression and a six-month period to prevent the depression from becoming chronic.

While the region performs relatively well on the asthma measure, there is plenty of room for improvement on the other measures. In particular, more than 30 percent of the patients diagnosed with depression in our region do not remain on antidepressant medication for the first 12 weeks of their diagnosis and nearly half don't maintain treatment for six months. Given the impact that depression has on overall health, as well as productivity and quality of life, these figures are bothersome. Although the value of spirometry testing for COPD is well recognized, only about half the patients in our region undergo such testing.



Use of Generic Prescription Drugs

- This category shows the greatest variation among medical groups and astonishingly wide variation even within medical groups.
- More patients should be receiving generics, based on the goals established by clinical experts convened by the Alliance.
- Results may be affected by the availability of over-the-counter or discounted generic drugs not captured by the Alliance claims database.



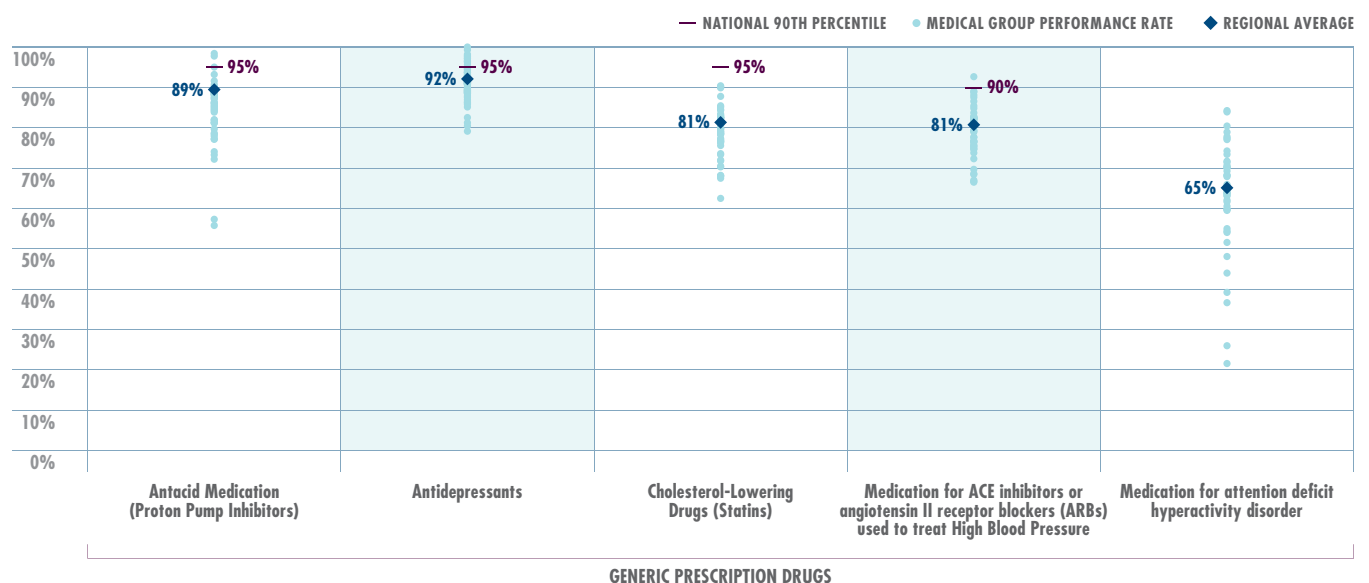
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The value of generic drugs is well established. They work equally well for most patients, but usually cost significantly less money. Because affordability is a major barrier to patient adherence to medication, generic prescriptions can help remove that barrier.

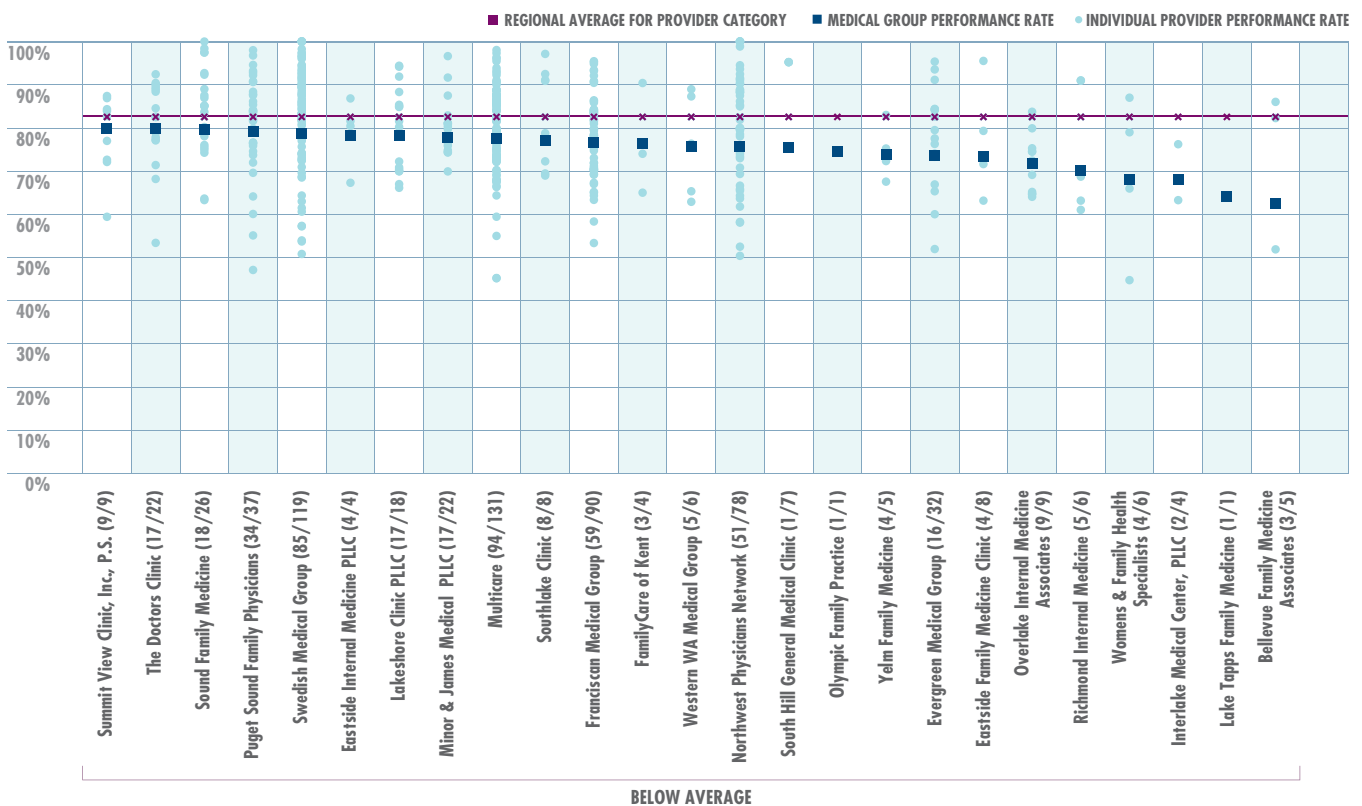
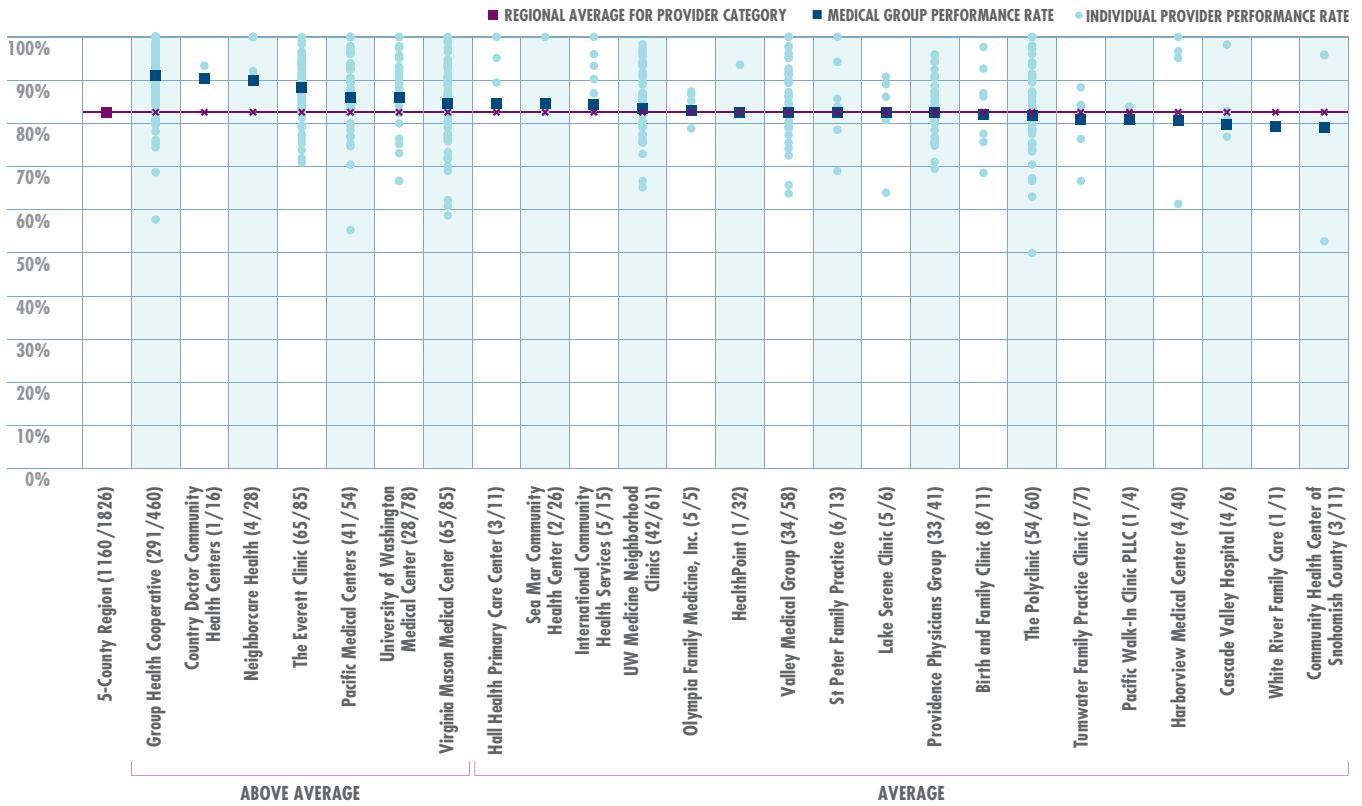
The Community Checkup includes five measures on generic prescription rates. In four areas—antacid medications, antidepressants, cholesterol-lowering drugs and anti-hypertensives—generic drugs are widely available and effective. National benchmark data are not available for these measures but for these four drug classes, the Alliance relied upon clinical experts (physicians and pharmacists) from around the region to establish realistic goals.

New this year is a look at generic prescribing for attention deficit hyperactivity disorder (ADHD) where availability of generics has been more problematic but is improving. The Alliance added the measure for ADHD drugs this year, reflecting its interest in including a measure that focuses more on the pediatric population. The rate of generic prescribing for this measure is lower than expected due to a number of circumstances, including the shortage of generic products during the measurement period. However, the current results do reflect the state of generic prescribing during this period and provide a useful starting point for future reports. As generic availability increases in this drug class, we expect that the generic prescription rate will increase accordingly. Including the ADHD results in this year's report provides a useful baseline to monitor this progress over time.

What is most noteworthy about these measures is the wide range of variation among groups. More importantly, variation is an issue *within* medical groups. The chart specific to statins highlights just how wide the swings are in prescription practices, with each dot on the chart representing a provider for whom we are reporting results. Results within medical groups can range from a 100 percent generic fill rate to less than 50 percent. Generics may not be appropriate for all patients, but the variation within medical groups shows that there is plenty of room for improvement, which will result in significant savings. It's noteworthy that the best performing medical groups on these measures also show a lot less variation than lower performing medical groups.



Variation Within Medical Groups: Statins



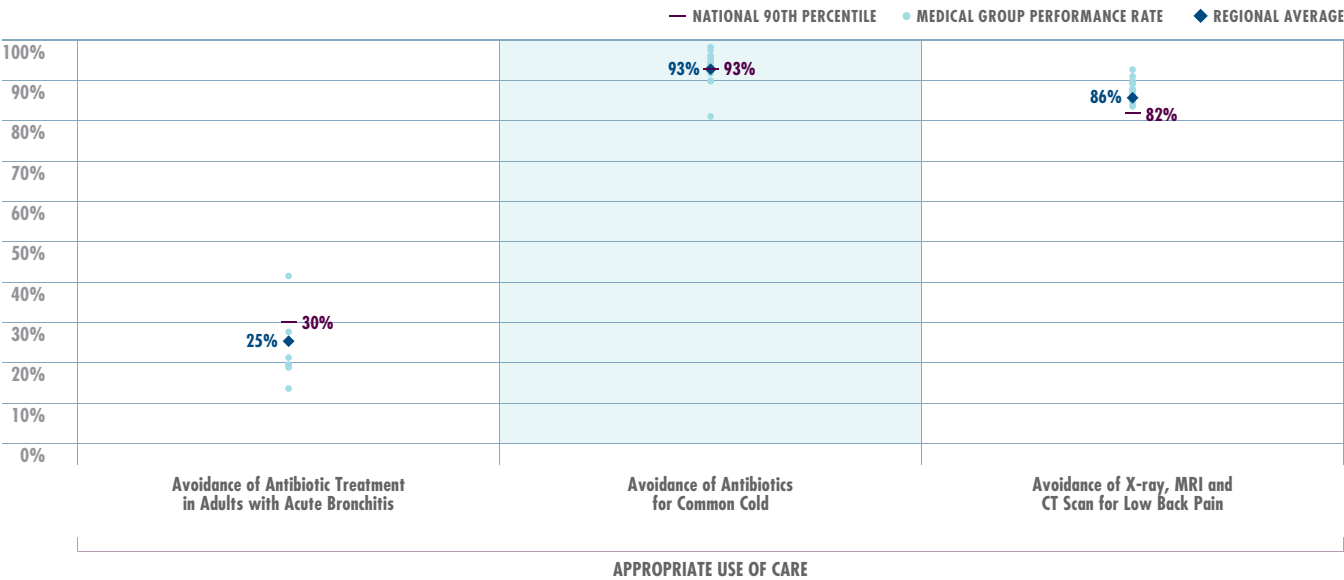
Appropriate Use of Services

- The region outperforms the national top 10 percent in avoidance of imaging for low back pain, which demonstrates the impact of a community-wide effort to address this issue.
- Performance on avoiding antibiotics for the common cold is at the national 90th percentile.
- The vast majority of patients with bronchitis receive antibiotics, despite their dubious worth as a treatment.

More isn't always better, particularly when it comes to health care. Each inappropriate test or drug carries the risk of side effects and additional tests and, if nothing else, costs the patient money unnecessarily. The Community Checkup includes three measures of appropriate use of services: two assessing unnecessary use of antibiotics and one addressing overuse of imaging services such as X-rays and MRIs for low back pain. This category includes both the lowest and one of the highest regional averages for all measures in this report.

This is a category where the region demonstrates that it can reach, and even exceed, the top 10 percent of performers nationally. We reach the national 90th percentile for avoiding antibiotics for the common cold, and we outperform the national top 10 percent in avoiding imaging for low back pain. This is a tribute to the providers in our region.

Unfortunately, by contrast, three out of four patients with bronchitis receive prescriptions for antibiotics, even though it is unlikely that the drugs will help them and antibiotic overuse in general is leading to more drug resistant infections. Once again, the bronchitis measure represents the lowest regional average out of all the measures in the Community Checkup.

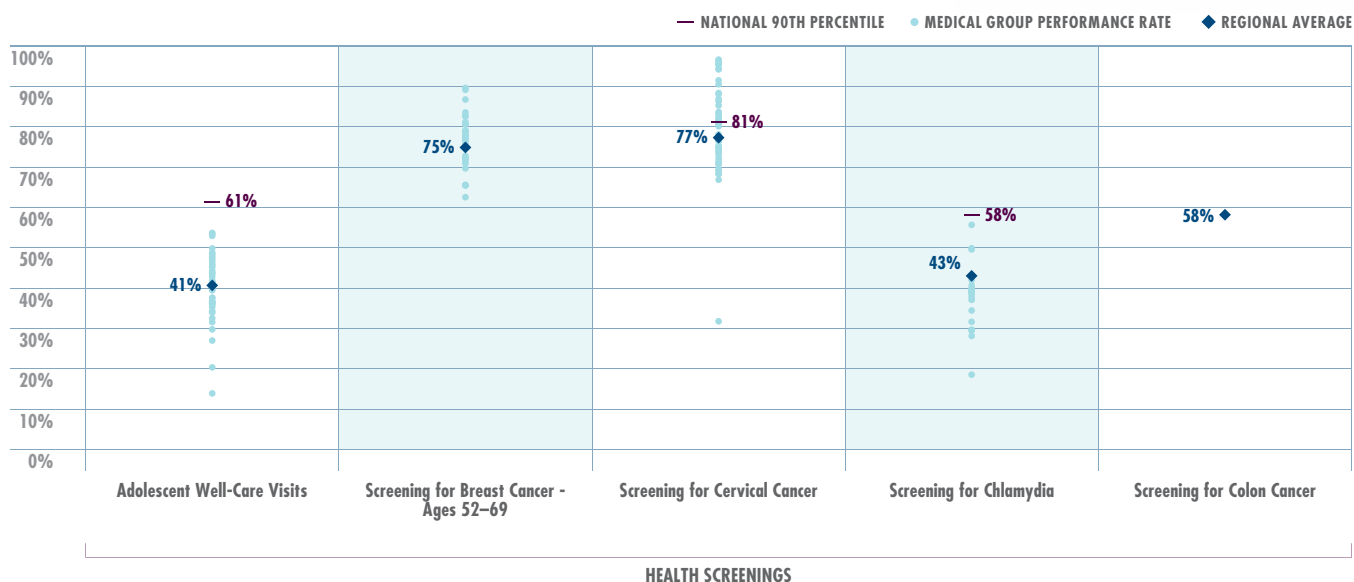
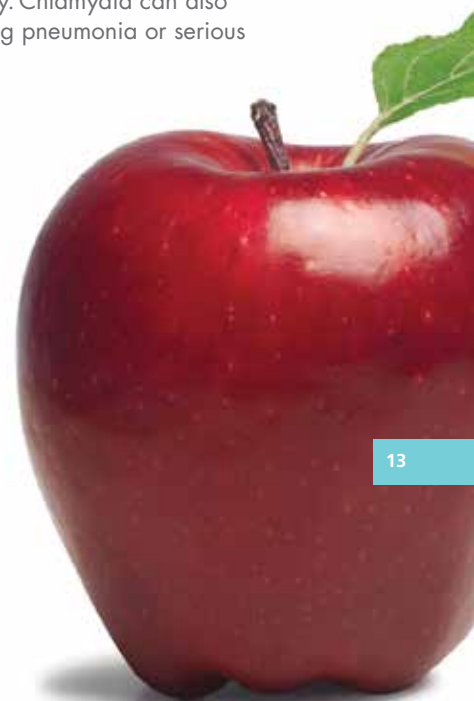


Preventive Care

- These measures show very wide variation among medical groups, particularly for adolescent well-care visits.
- Roughly one in four women is not receiving recommended screenings for cervical cancer and breast cancer.
- The region continues to perform poorly on chlamydia screenings, far from the national 90th percentile benchmark.

Screenings are an effective way to avoid disease or find it early so that it is easier and less costly to treat. The Community Checkup looks at preventive screenings for breast cancer, cervical cancer, colon cancer and Chlamydia (the most commonly reported sexually transmitted disease in the U.S.).

The results show the region has a ways to go to be among the best nationally. One out of four women do not receive evidence-based screenings for cervical and breast cancer. Even fewer patients receive appropriate screenings for colon cancer. Especially disappointing is the region's performance for chlamydia screening. More than half of the women in the region aren't getting the screening, a performance that falls well short of the modest national 90th percentile benchmark. Women who have chlamydia are at higher risk for other sexually transmitted diseases and it can lead to Pelvic Inflammatory Disease which can result in infertility. Chlamydia can also pass from mom to baby during delivery, potentially causing pneumonia or serious eye infection in the infant.

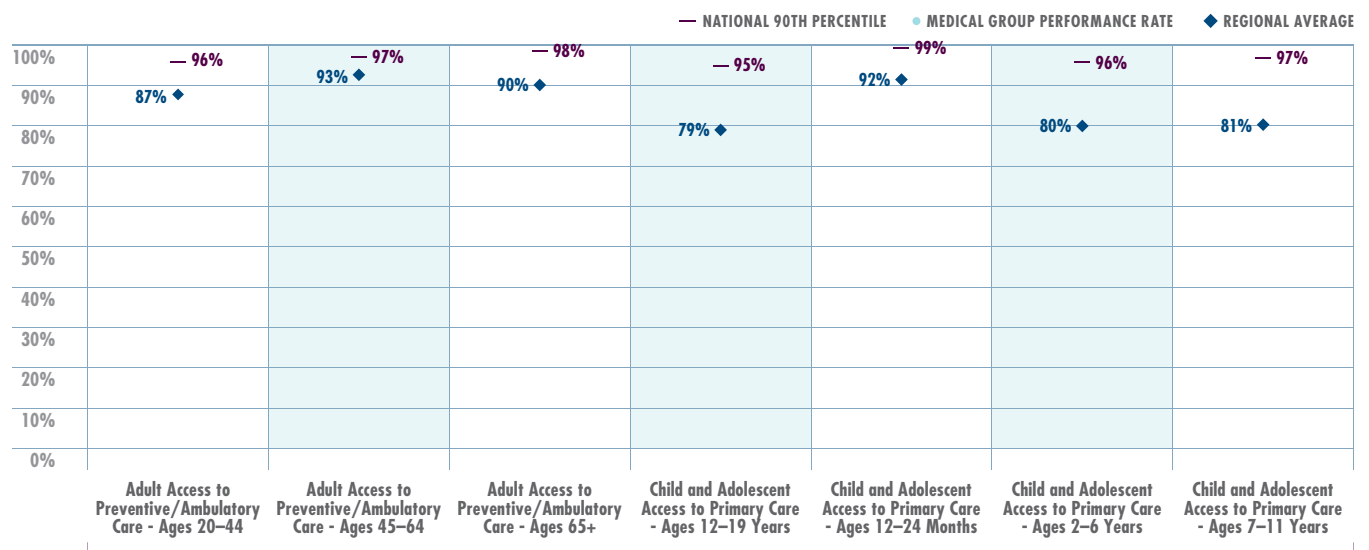


Access to Care

- Although the performance for some age groups is relatively high, there is room for improvement on all measures.
- The rate of adolescent well care visits in our region is disappointingly low and well short of top 10 percent performance.
- Most of the child and adolescent measures lag behind those for adults.

The Access to Preventive Care measures look at the access that adults, children and adolescents have to primary and preventive care services, based on having made a visit to their provider in a specified time period. These results are reported at the regional level only. Patients who have a regular relationship with a primary care provider are more likely to take prescribed medications, follow-through on other health care advice and have a better health care experience.

Access for adults age 20 to 44 and age 45 to 64, as well for children age 12 to 24 months, is relatively high, with roughly nine out of 10 patients in each of those categories seeing a primary care physician. By contrast, performance for access to primary care for three out of the four categories that encompass ages 12 months to 19 years falls significantly short of the national 90th percentile benchmark.



ACCESS TO CARE

The percentages denote the regional average for each measure.

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.

The screenshot shows a web browser window titled "Community Checkup" with the URL www.wacommunitycheckup.org. The browser's address bar and tabs are visible. The website's navigation bar includes links for "Contact Us" and "Glossary", and a menu with "Choosing Your Medical Group or Clinic", "Choosing Your Hospital", "Compare Scores", "What to Expect at the Doctor's Office", "Resources", and "About Us".

The main content area features the "COMMUNITY CHECKUP" logo, which includes a circular seal with a checkmark and the text "PUTGET SOUND HEALTH ALLIANCE". Below the logo is a large image of a man and a woman looking at a tablet. A blue banner with white text reads: "Not all health care is the same. The quality of care varies. Find out more about how well medical groups, clinics and hospitals do at providing you with high-quality, high-value health care." Below this banner is a row of five numbered circles (1-5).

The website is divided into three main sections:

- For Providers:** Includes a "Compare Scores" button with a right arrow and a "View Resources" button with a right arrow.
- What's New:** Includes links to "View the September 2012 Community Checkup Report", "Find out what you should expect at the doctor's office", and "Read the 2012 eValue8 Health Plans Report", each with a right arrow.
- Own Your Health:** Includes the "Own Your Health" logo and a link "Get active in your health and health care" with a right arrow.

A light blue section titled "Puget Sound Health Alliance: An Aligning Forces for Quality Community" contains text about the alliance's mission and its participation in the Robert Wood Johnson Foundation's "Aligning Forces for Quality" initiative.

The footer is dark blue and contains the copyright notice "© 2013 Puget Sound Health Alliance", the address "600 Stewart Street, Suite 824, Seattle, WA 98101", the phone number "(206) 448-2570", and links for "Site Map", "Terms of Use", and "Contact Us".



Getting to Excellence: Moving to the Top 10 Percent

The Alliance board has sent a clear signal that by 2017 providers in the state should be in the top 10 percent nationally in the delivery of evidence-based, quality care. Doing so will improve patient health, reduce unwarranted variation and lower the cost trend for health care.

To underscore its expectations for performance, the Alliance compares measure results to the 90th percentile performance nationally. The 2013 Community Checkup shows just how attainable this goal is for some measures, and how far away it remains for others.

The Alliance selected four measures to illustrate the successes and challenges of medical groups in reaching this level of performance: avoidance of imaging for low back pain, blood sugar testing for diabetics, cholesterol testing for patients with heart disease, and Chlamydia screening. These four measures cover the range of performance.

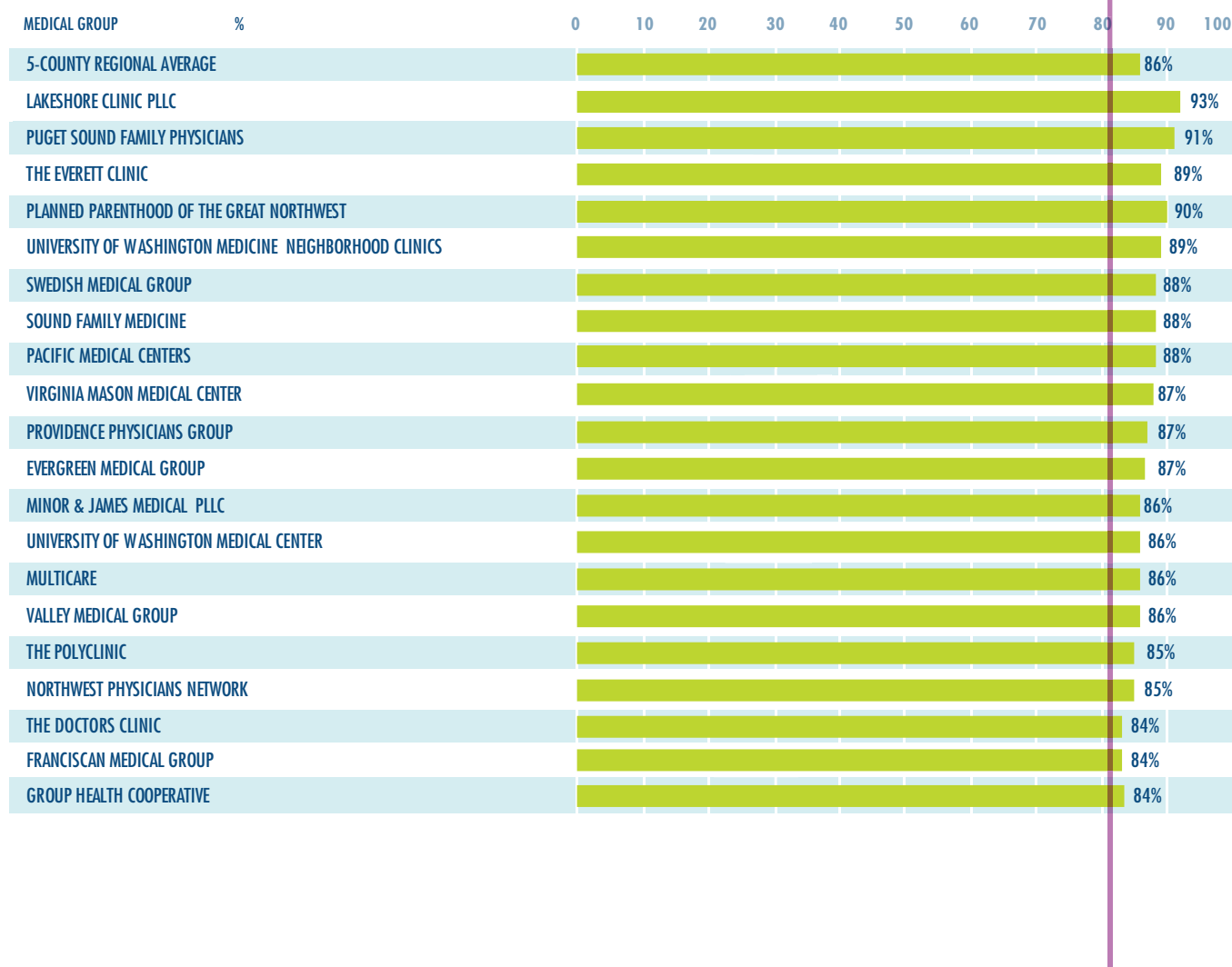
Avoidance of Imaging for Low Back Pain

This measure represents a significant achievement for medical groups in the region. Not only is the region as a whole above the national 90th percentile benchmark, every individual medical group is above the same benchmark. Because most patients get well within six weeks without imaging, as a result of this high performance patients in the region are getting better care, experiencing fewer risks and saving money.

This success reinforces the importance of a focused effort on improvement and is a tribute to the hard work of the medical groups. It also proves that the goal set by the Alliance board is attainable.

APPROPRIATE USE OF CARE - AVOIDANCE OF X-RAY, MRI AND CT SCAN FOR LOW BACK PAIN

90th percentile benchmark: 82%



Blood Sugar Testing

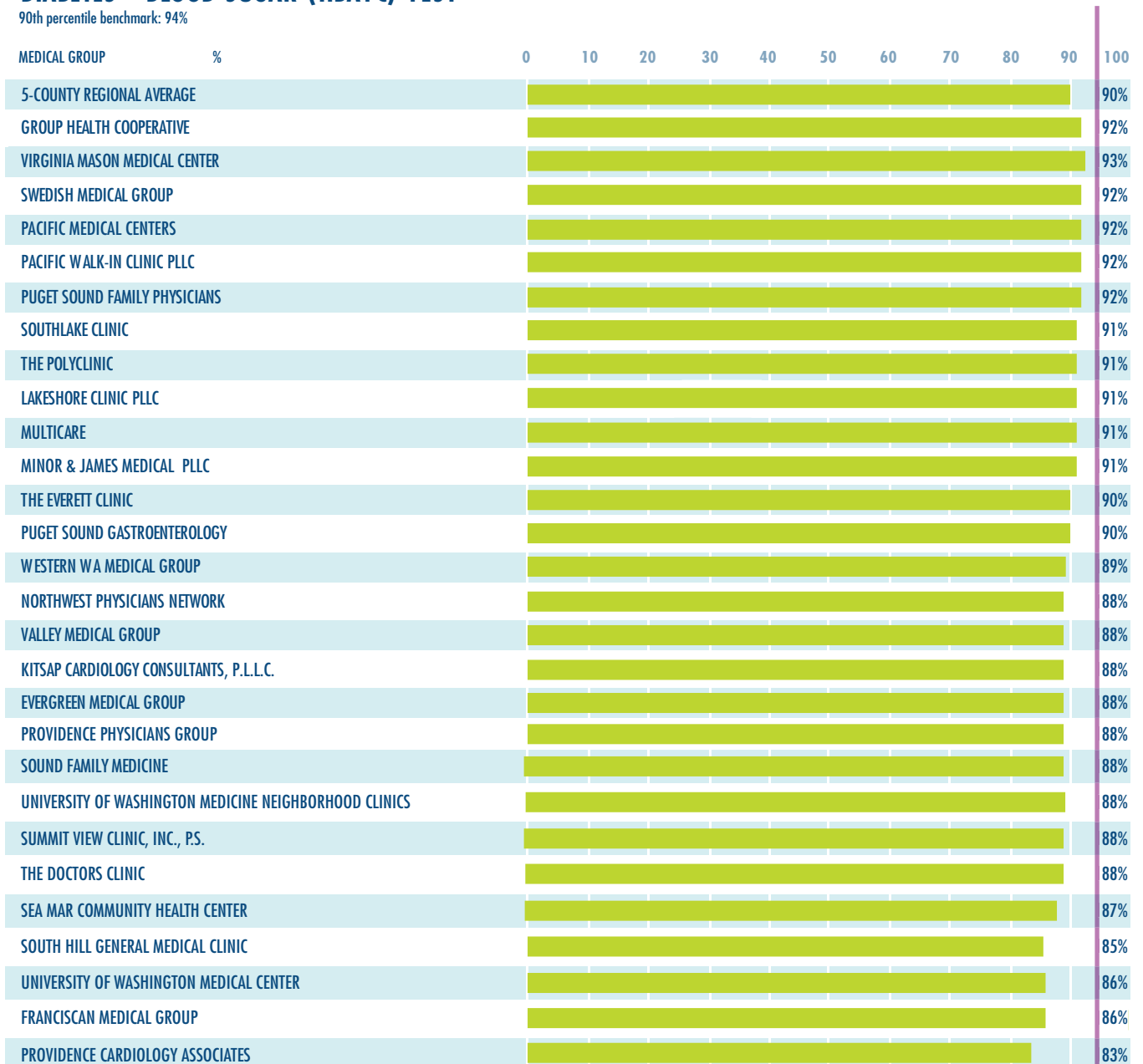
Testing the HbA1c levels of patients with diabetes is fundamental to the treatment of the disease. It is one of the best ways to understand whether diabetes is under control and is crucial for helping to determine how to adjust diabetes medications to make sure that they are effective.

Given these considerations, it is disappointing that no medical group is in the top ten percent of national performance. Several are close to the benchmark, which proves it is within reach. Since this measure is one of the basic standards of care for a disease that is rising at an alarming rate, it is reasonable to expect medical groups in the region to be able to demonstrate a higher level of performance.

DIABETES - BLOOD SUGAR (HBA1C) TEST

90th percentile benchmark: 94%

Top 10 percent



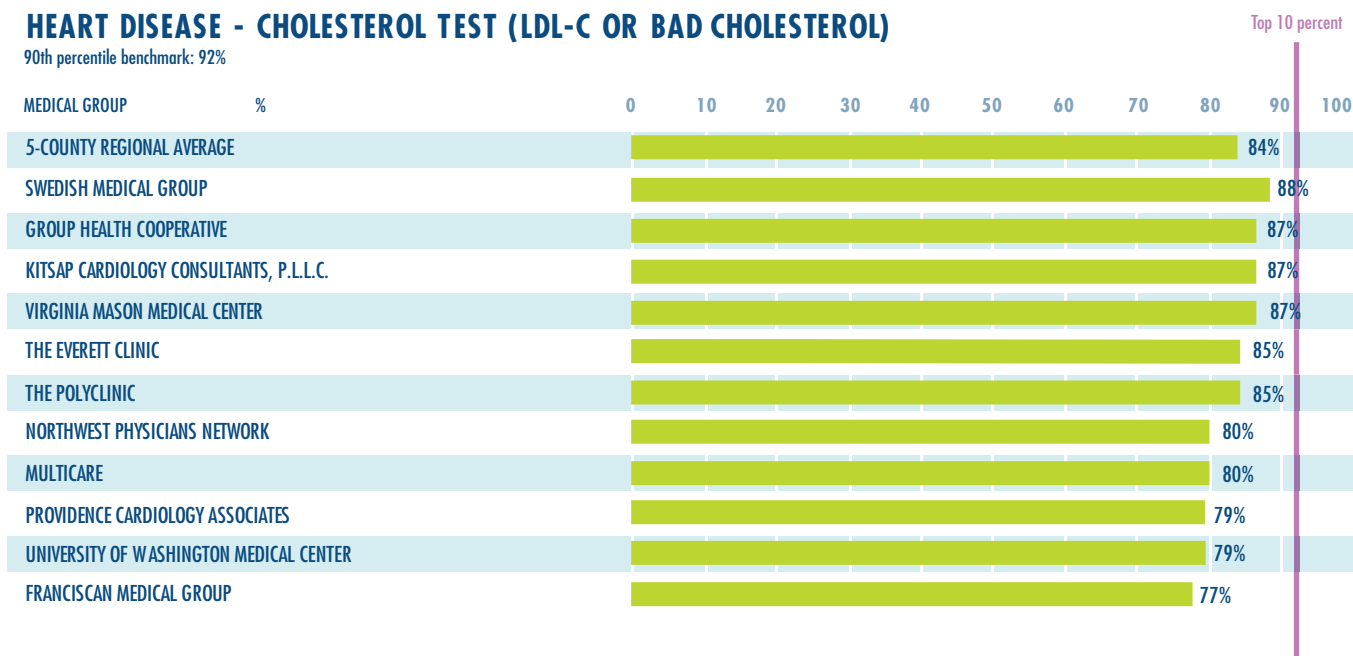
Cholesterol Testing

If you have been hospitalized for care related to a heart procedure or condition, you should be screened at least once to check your LDL cholesterol (bad cholesterol) levels. If you have heart disease, reducing LDL cholesterol will reduce your risk of heart attack and can actually lengthen your life. Therefore, it's important to monitor your LDL cholesterol level to reduce your risk of a heart attack or stroke.

Unfortunately, on this measure the medical groups in the region fall short—and sometimes far short—of top 10 percent performance. More than one in 10 patients and even more than two in 10 patients are not receiving this basic test. Considering how important this test is to managing people whose disease is severe enough to require a hospitalization, this shortfall is disappointing. A focused effort to improve the quality of care would benefit more patients and reduce their risk of future hospitalizations from their disease.

HEART DISEASE - CHOLESTEROL TEST (LDL-C OR BAD CHOLESTEROL)

90th percentile benchmark: 92%



Chlamydia Screening

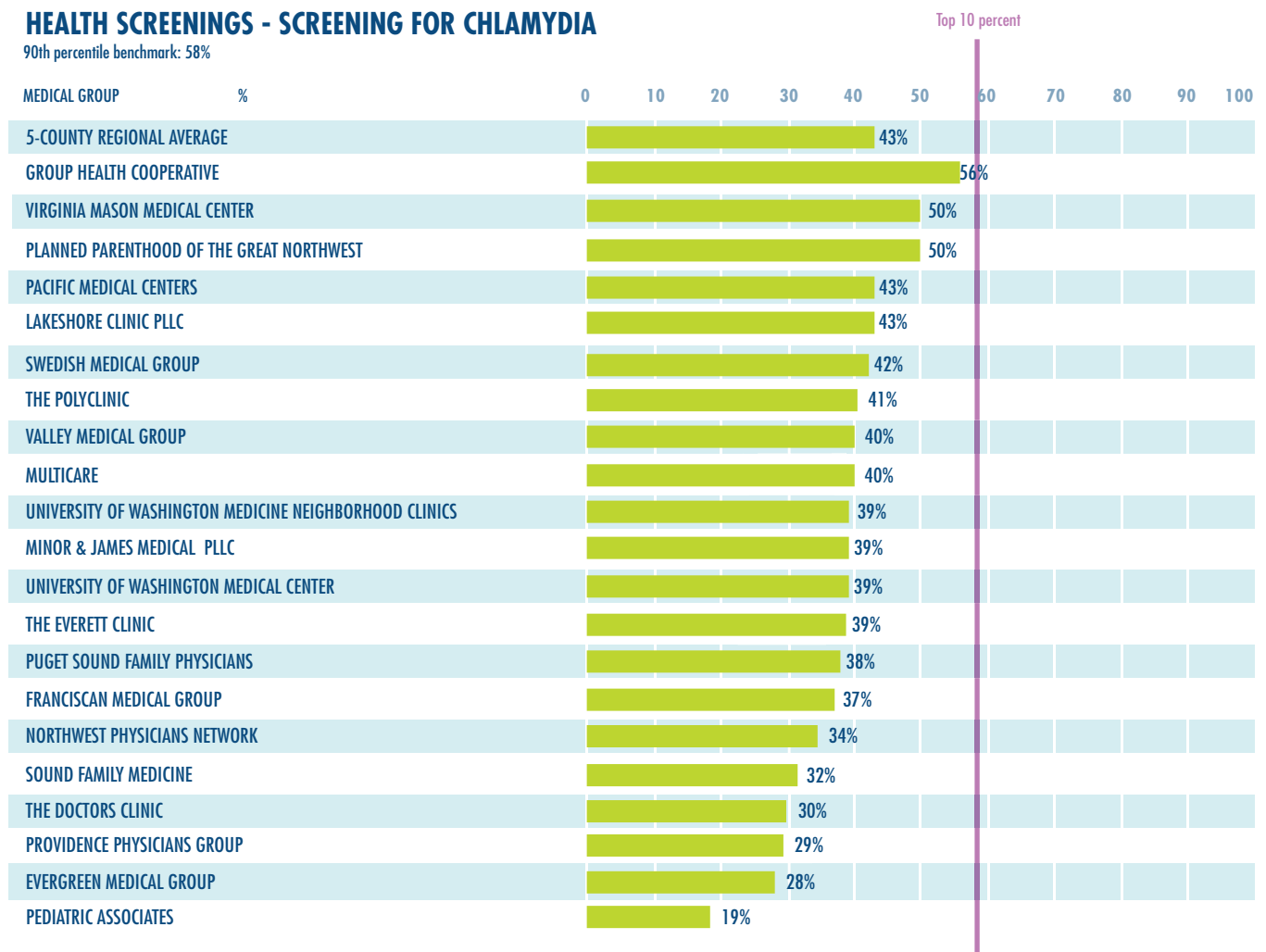
This measure looks at the number of sexually active women between the ages of 16 and 25 who have been screened for Chlamydia, the most common bacterial sexually transmitted disease in the U.S. This screening has been given a grade “A” by the U.S. Preventive Services Task Force, indicating the importance and value of the test.

Issues related to pediatric patients may effect results. For example, if they are covered under their parents’ health plan, some minors may choose to be anonymously screened at Planned Parenthood or other outside sites, to protect their privacy. In these cases, medical claims data, such as the Alliance’s, would not capture the fact that the screening had taken place.

This measure is one where every medical group falls short –and sometimes very far short–of the national 90th percentile benchmark. The fact that there is so much variation among medical groups—as much as 50% or more between high and low performance scores—underscores the need to address this issue so that young women are receiving the care that they should receive.

HEALTH SCREENINGS - SCREENING FOR CHLAMYDIA

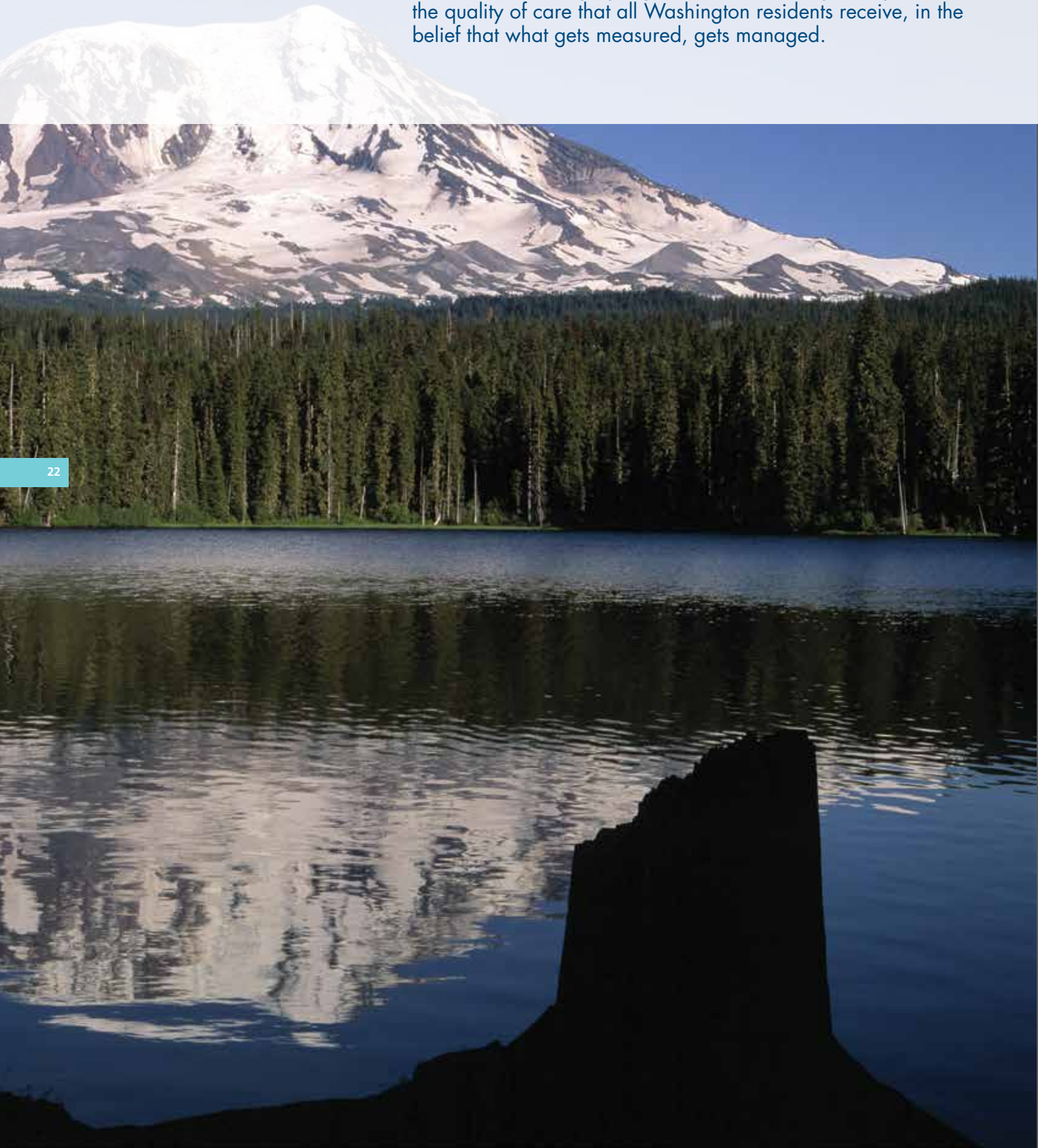
90th percentile benchmark: 58%





County-Level Results

For the first time, the Alliance is reporting statewide data at the county level as part of the Community Checkup. In doing so, the Alliance is bringing a greater level of transparency about the quality of care that all Washington residents receive, in the belief that what gets measured, gets managed.



Following are sample results for four measures for the commercial population in the Community Checkup: blood sugar testing for diabetics, chlamydia screening, avoidance of imaging for low back pain, and generic prescription rates for ADHD medications. The first three of these measures are also included in the Getting to Excellence section of this report. Because there were insufficient results for most counties for the fourth measure in that section—cholesterol tests for people with heart disease—we have substituted the generic ADHD measure in its place.

All four measures highlight recurring themes from the Community Checkup, as well as a few new ones.

There is widespread variation in the quality of care across the state.

With the exception of the low back pain measure, there is a disturbingly large mix of above average, average and below average results for the State.

No county excels at everything. Everyone has room for improvement.

The maps show that counties that perform above the state average on some measures perform below them on others.

The State average is often lower than the five-county regional average.

The results for medical groups and clinics in the five-county region rely upon the region's average. The county-level results use the average for the entire State. For three of the measures here, the statewide average is somewhat lower than the five-county average.

Transparency is essential to improvement.

Because this is the first time that statewide results are available, they should be viewed as a benchmark for future performance. As the Alliance begins to report results at the medical group and clinic level for counties, providers and other stakeholders will have the opportunity to use their scores to understand their performance better and how they may make changes to improve it. That has been the experience of providers in the five-county region.

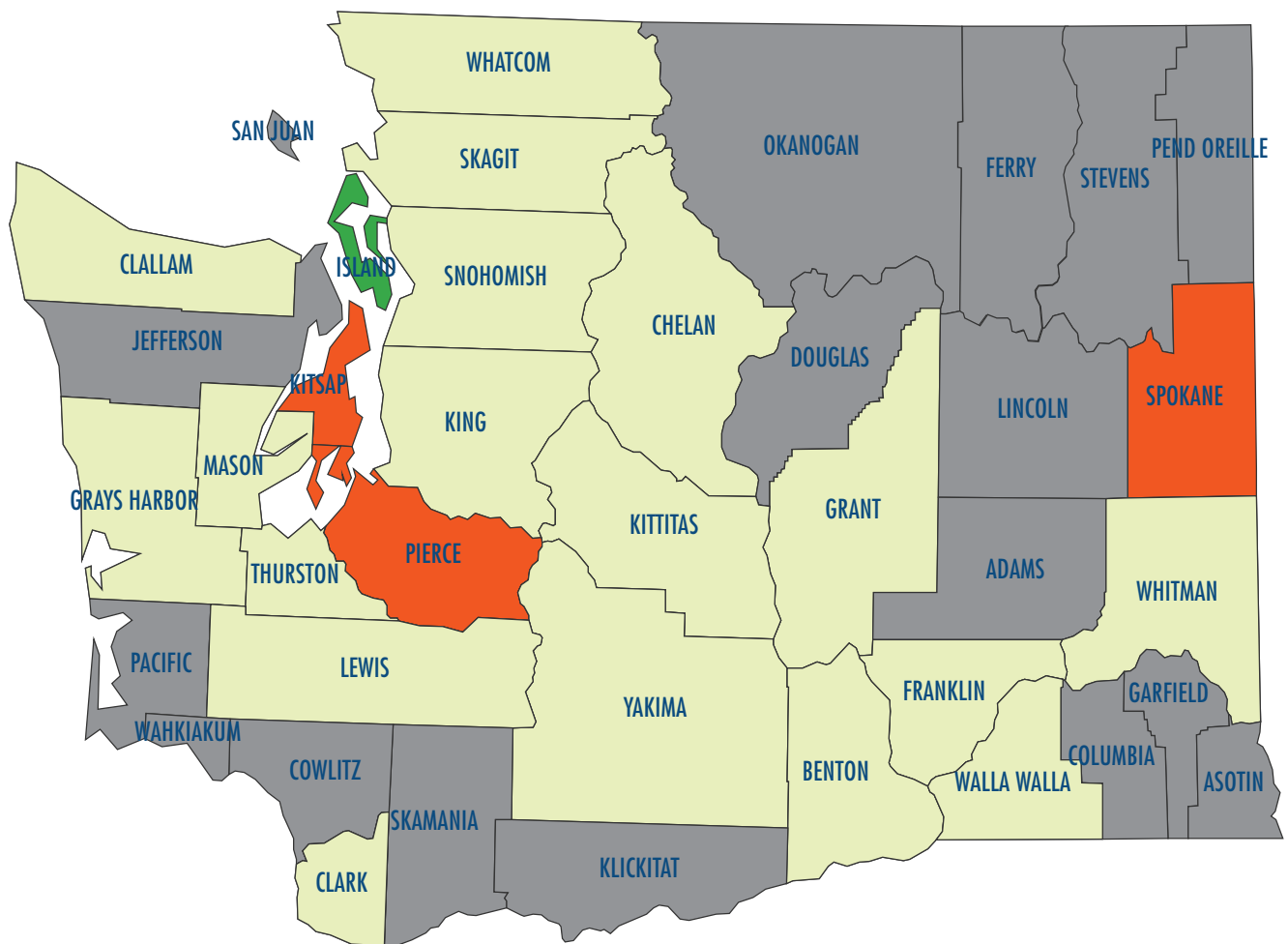
Avoidance of Imaging for Low Back Pain

Already a success story in the five-county region, this measure shows the state as a whole performing at even a slightly higher level: 87% for the statewide average vs. 85% for the five-county region. This is especially heartening, since the top ten percent performance benchmark is 82%.

This measure highlights largely consistent performance across the State, with most of the counties with enough results to report showing average results. Of particular note is the performance of Island County, which actually exceeds the State's existing high performance, showing that improvement even at high levels of performance is always possible.

LOW BACK PAIN - COMMERCIAL

COMPARISON TO STATE AVERAGE



Blood Sugar Testing

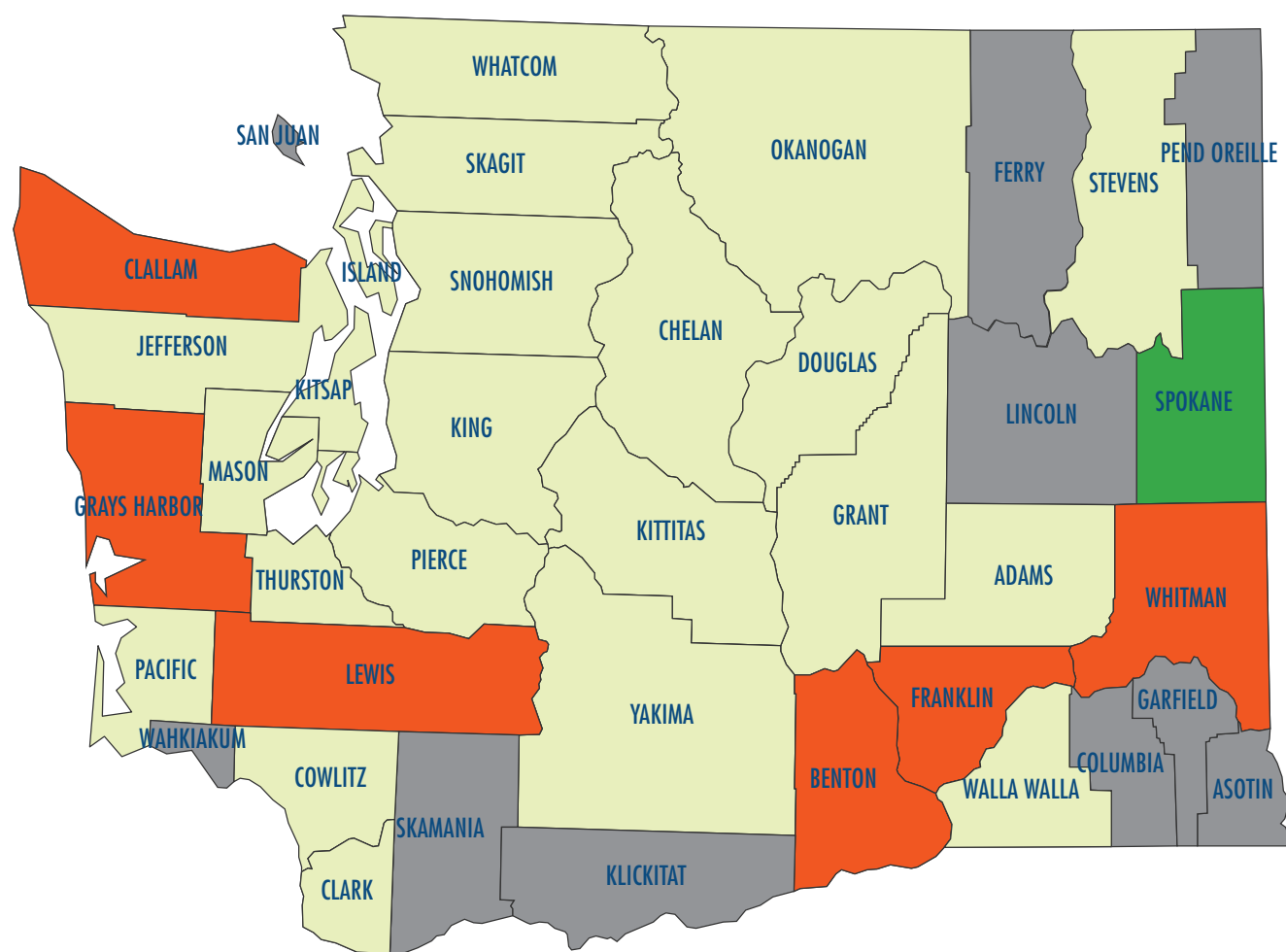
Testing HbA1c levels is basic to the care of people with diabetes and is especially important as the number of diabetes cases continue to increase. The State as a whole slightly underperforms the five-county region—88% vs. 90% – and has a way to go to achieve top 90th percentile performance.

While there is variation among counties on this measure, it is not as pronounced as with others. The majority of counties are at the State average on this measure, although a handful is below it. Only one county, Spokane, exceeds the State average. That county's higher level of performance suggests that providers there have learnings that the rest of the State could profit from hearing.

BLOOD SUGAR TESTING - COMMERCIAL

COMPARISON TO STATE AVERAGE

■ ABOVE STATE AVERAGE (1) ■ MEETS STATE AVERAGE (22) ■ BELOW STATE AVERAGE (6) ■ TOO FEW CASES (<160) (10)



Chlamydia Screening

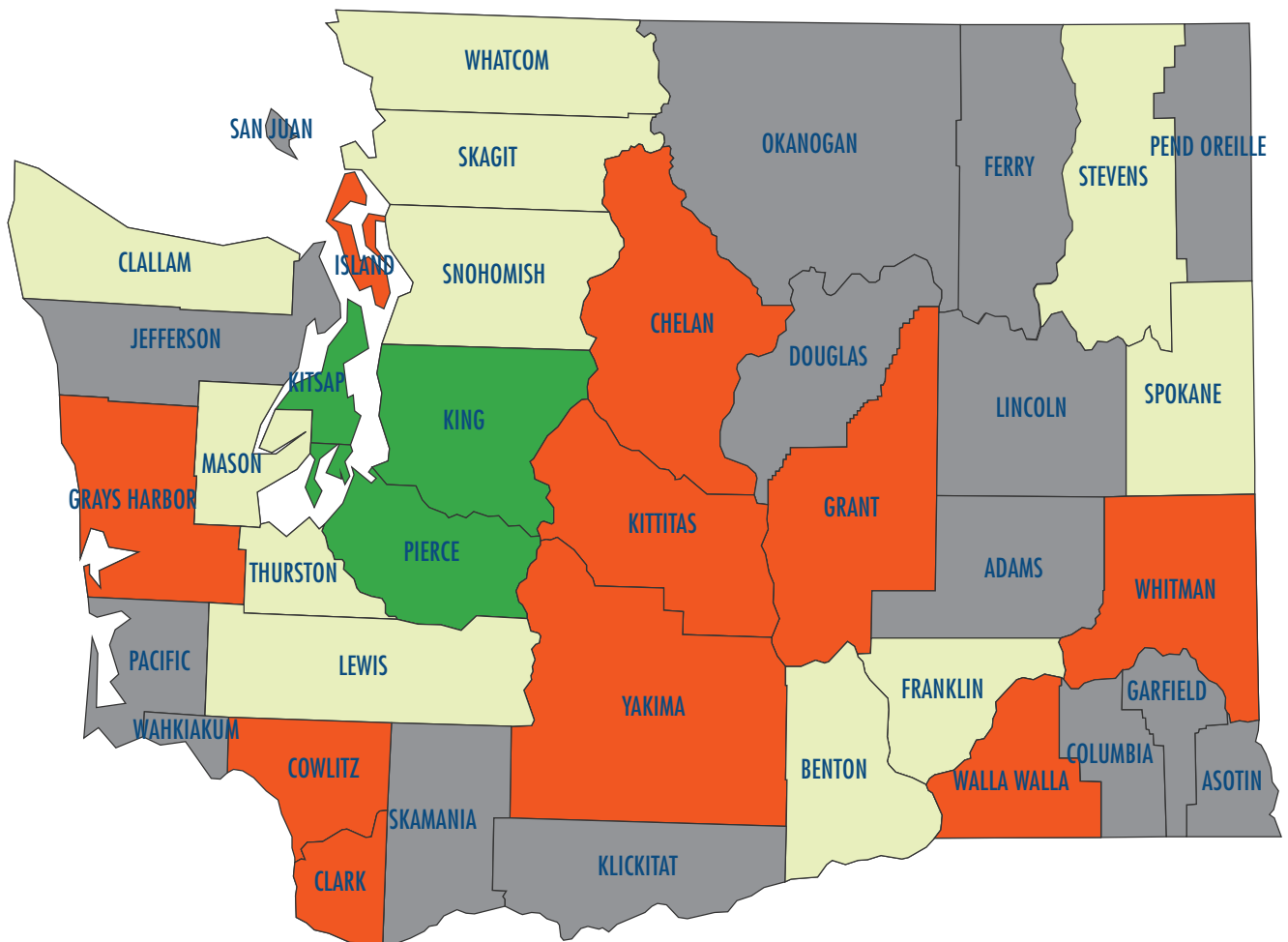
Results for Chlamydia screening for young women are among the lowest in the Community Checkup. Unfortunately, statewide results are even lower than those for the five-county region: 40% vs. 43%. This performance is well short of the Alliance's goal of top ten percent performance, which for this measure nationally is 58%.

For those counties where there are enough results to report, there is a great deal of variation. The highest performing counties are all in the Puget Sound region: King, Kitsap and Pierce. The results show that the State has plenty of room for improvement.

CHLAMYDIA SCREENING - COMMERCIAL

COMPARISON TO STATE AVERAGE

■ ABOVE STATE AVERAGE (3)
 ■ MEETS STATE AVERAGE (11)
 ■ BELOW STATE AVERAGE (10)
 ■ TOO FEW CASES (<160) (15)



Generic Prescriptions for ADHD Drugs

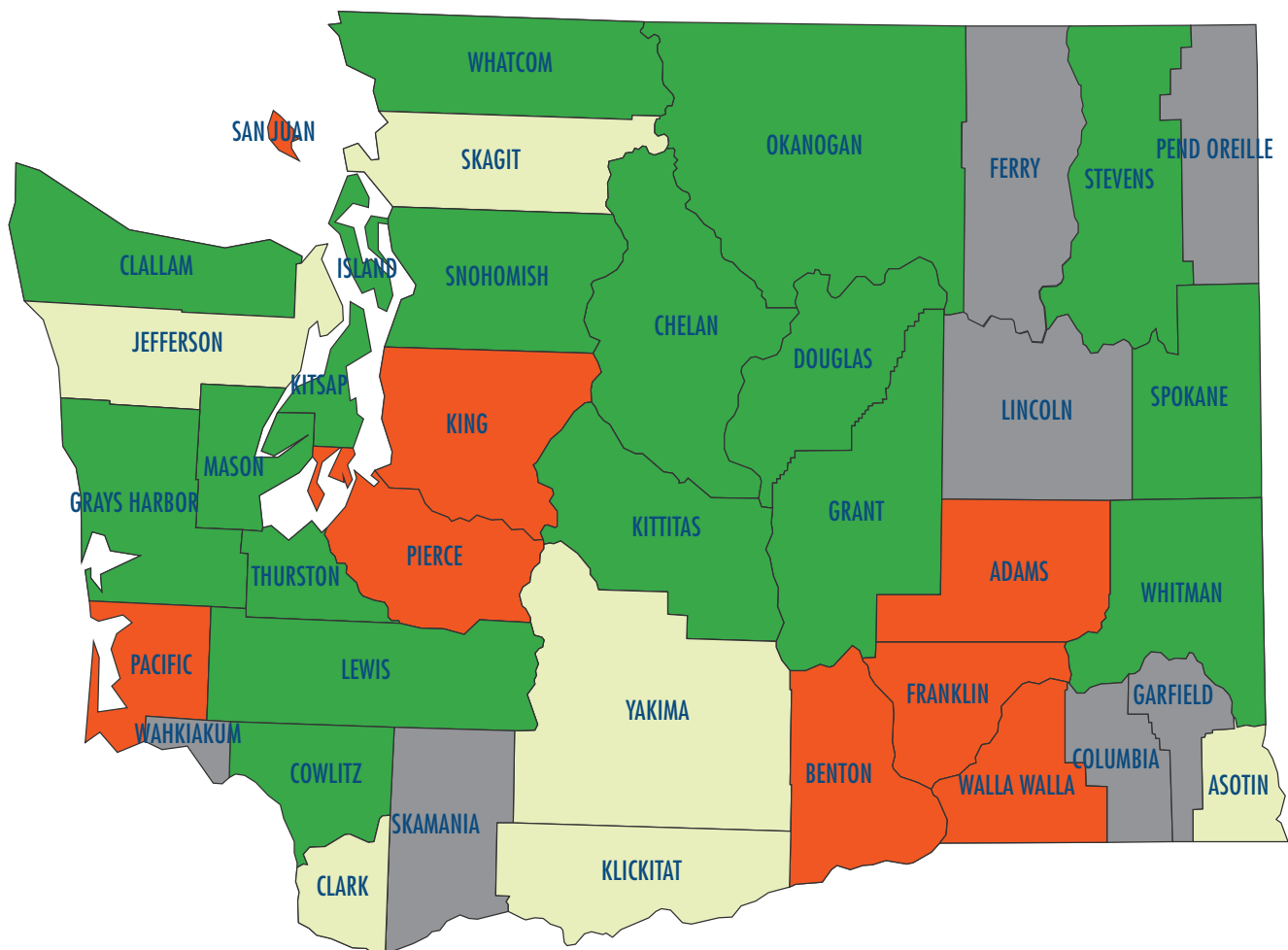
This measure is being reported in the Community Checkup for the first time. As more generic drug options to treat ADHD come onto the market, these first results will represent a benchmark for future performance. Medication can play an important role in the treatment of children and adults with ADHD. Generic drug options lower the cost for patients, thus removing one potential barrier to treatment adherence.

The Statewide performance is slightly below that for the five-county region (63% vs. 65%), but what is noteworthy is how many counties outperform the statewide average. A total of 18 counties show better than average results, more than the total number of counties combined that are below and at the state average. Many of these above-average counties are rural, suggesting that they have success stories to share with a few large population centers that are performing below the statewide average.

GENERIC - ADHD - COMMERCIAL

COMPARISON TO STATE AVERAGE

■ ABOVE STATE AVERAGE (18)
 ■ MEETS STATE AVERAGE (6)
 ■ BELOW STATE AVERAGE (8)
 ■ TOO FEW CASES (<160) (7)





Hospital Quality Measures

In addition to ambulatory (or outpatient) quality measures, the Community Checkup also reports results for more than forty hospital quality measures. These results are drawn from several public sources, including Hospital Compare, Leapfrog and the Washington State Department of Health. The Alliance compiles these results for hospitals and includes them in the Community Checkup, along with results for ambulatory care, so that consumers, purchasers and providers turn to a single source for an overview of health care quality in the region.

Hospitals have made great strides in improving care over the years covered in the Community Checkup. While much work remains to be done, the overall trend is a heartening reminder that a concerted focus on improvement will bear results. In particular, we'd like to commend the work of the Washington State Hospital Association who has been a leader in quality improvement efforts across the state.

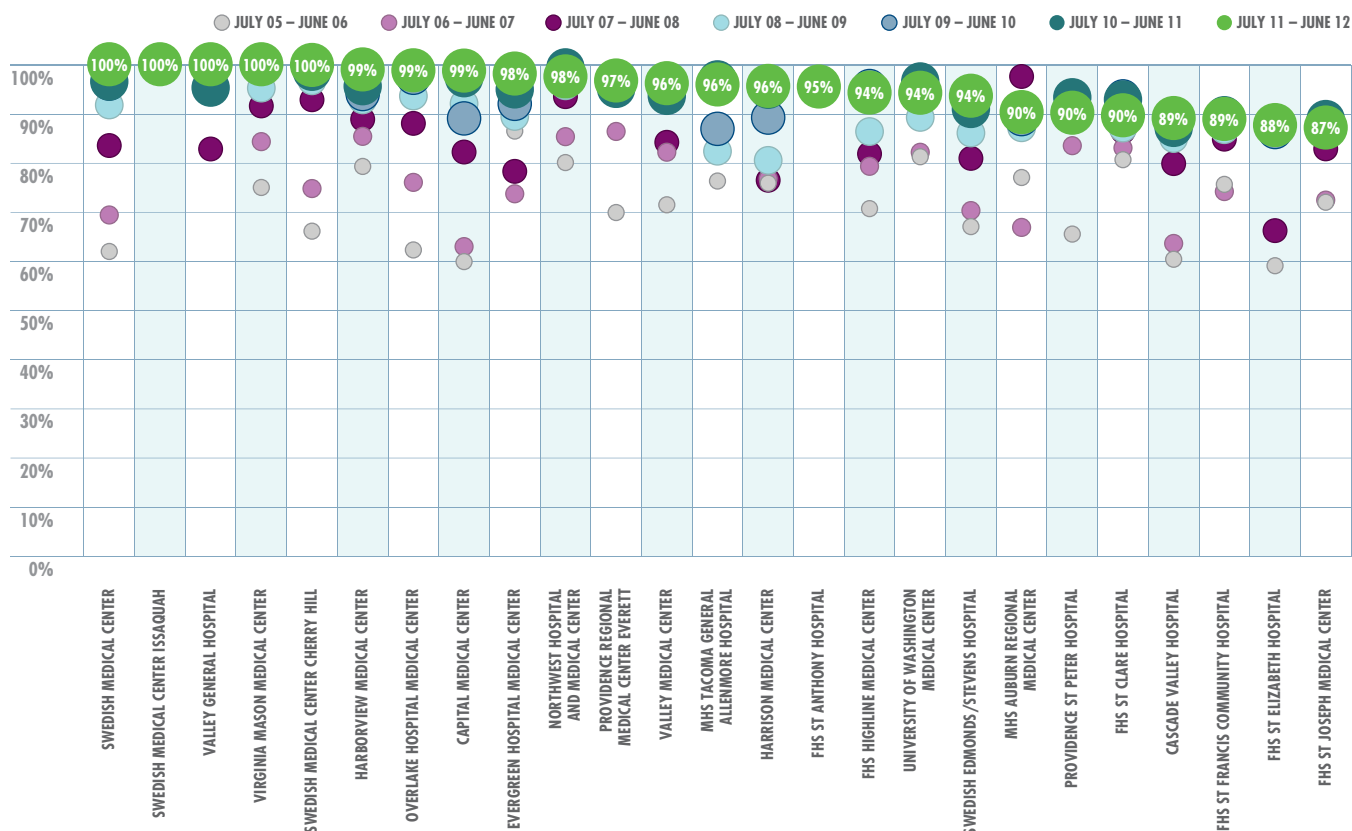
Heart Failure Care

- The performance of the hospitals with the highest scores proves that near-perfect and even perfect performance is a realistic goal.
- There is still significant variation between the highest and lowest performers on this measure.
- The value of focusing on improvement is underscored by the rise in scores over time for all hospitals.

The heart failure care measure is a composite for a series of actions that hospitals should take to manage the care of patients hospitalized from complications from the disease. These actions are not only things that should happen in the hospital, but also include instructions to reduce risk and for care upon discharge. A number of hospitals show perfect or near perfect performance on this measure, a sign that they have put in place systems to ensure quality care. All of the hospitals are performing better, and often significantly better, than when results were first reported, which shows the impact that focus on improvement can have within the delivery system.

The four measures in this composite are:

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



Pneumonia Care

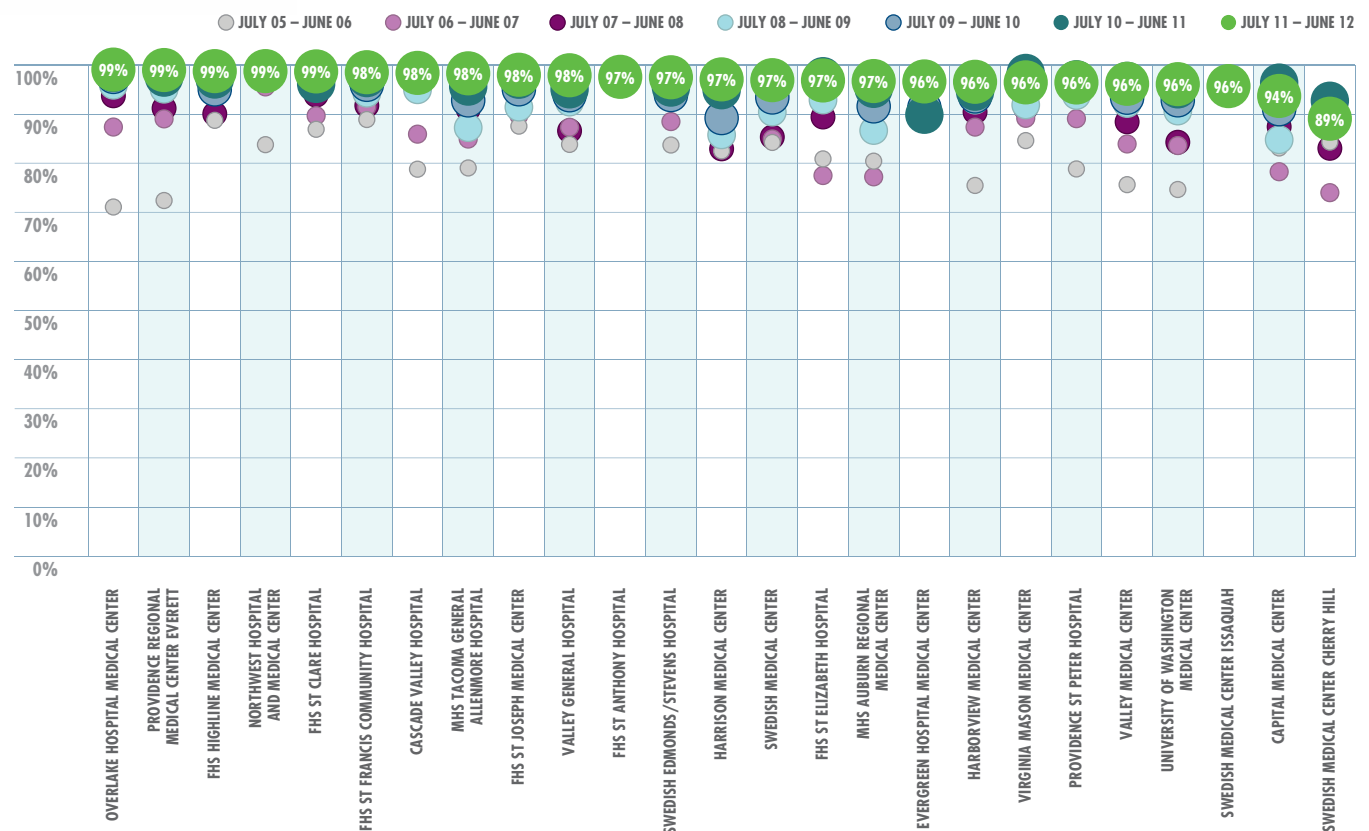
- A significant group of hospitals show very high performance, which is particularly impressive given the gains that several have made over time.
- A few hospitals demonstrate lower performance than in the past, a disturbing counter to the overall trend for improvement.
- Declining scores highlight the importance of maintaining an ongoing focus on continual improvement.



The pneumonia care measure is also a composite score reflecting a series of actions that hospitals should take to effectively treat patients hospitalized with complications from the disease. These actions include determining the agent causing the pneumonia, administering the right type of antibiotics in a timely manner, and ensuring that patients receive a flu shot and pneumonia vaccine. A significant number of hospitals show near perfect performance on this measure, while a handful of hospitals clearly have room for improvement. What is bothersome about this year's results is that a few hospitals have actually seen their performance slip, countering the overall trend toward improvement.

The six measures in this composite are:

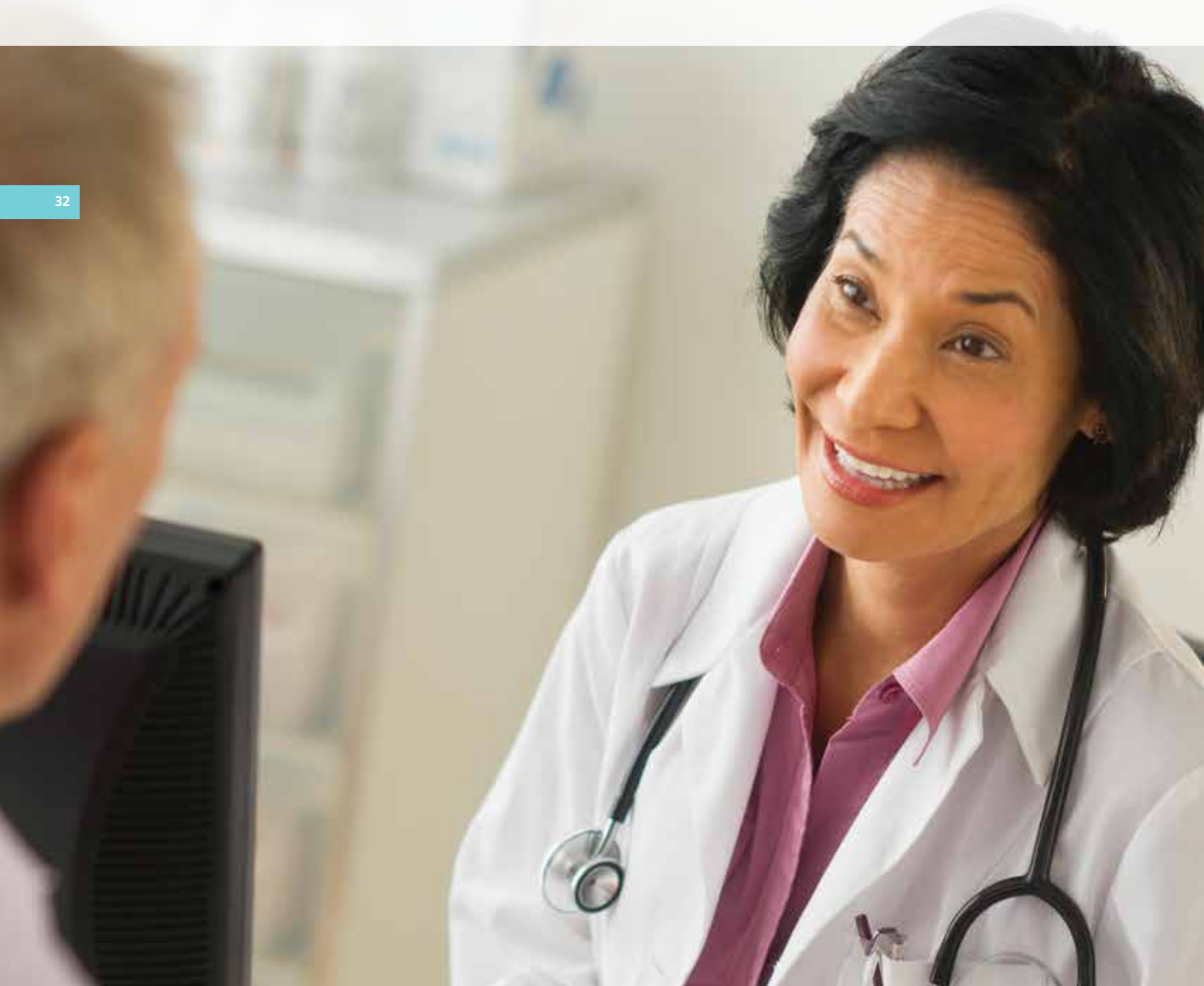
- Antibiotic Given Within 6 Hours of Arrival to Hospital
- Blood Test Done Before an Antibiotic Is Given
- Correct Antibiotic Drug Is Given (Pneumonia)
- Flu Shot (Influenza Vaccination) Is Given
- Patients Advised to Stop Smoking (Pneumonia)
- Pneumonia Vaccine (Pneumococcal Vaccination) Is Given



Data from WhyNotTheBest.org for July 2011 to June 2012.

Update from the Washington Health Alliance

The past year has seen many advances for the Alliance, beginning with its new name. Now the Washington Health Alliance, the organization has expanded its commitment to improving the quality and value of health care to include the entire state. That change is reflected in the county-level data included in this year's Community Checkup report. The Community Checkup remains our foundational product, but we continue to grow into new areas, including price transparency and the establishment of an All Payer Claims Database in partnership with the State, both furthering our goal of a high-quality, high-value health care system.



Expanding Statewide

Reporting county-level data in the Community Checkup is just the first step in the Alliance's effort to become an organization that is truly reflective of the entire state. The Alliance is committed to doing this in a way that respects and supports the work already underway around the state and the real concerns that some providers have about performance measurement from an outside entity.

We recognize that many communities across Washington have undertaken major efforts to improve the quality of care patients receive. We also realize that public reporting will be a new and challenging concept for many, as it was in the Puget Sound region when the Community Checkup was first introduced. But what we learned from our experiences with the Community Checkup is that those concerns were allayed once the Alliance demonstrated its intent to report valid and statistically reliable results and how valuable its data is to understanding performance and opportunities for improvement. The Alliance's goals align with those of other stakeholders committed to improving our health care system.

The Alliance plans to engage directly with communities around the state, to learn more about the work being done and to discuss how the Alliance and its mission can fit in with and support efforts underway. We know that other communities have valuable lessons to share. Starting in 2014, we intend to identify two population centers where we can collaborate on introducing reporting at the medical group and clinic level. Beyond 2014, the Alliance plans to roll out medical group and clinical level reporting statewide. Based on our experiences, we believe that this will provide a benchmark for discussion about performance and how to improve the quality of care for all Washingtonians.

Price Variation: a Key Component of Health Care Value

The Alliance board of directors has set reducing the price of health care as its top priority. In October, the Alliance took an important first step toward price transparency by releasing its report on “Variation in Case Prices in Puget Sound.” Building on the Alliance’s resource use analyses, the report examines 24 severity-adjusted inpatient procedures and treatments, many of them for preference-sensitive conditions. The analysis combines hospital and associated professional fees into a single episode or case price. The hospitalizations fall into four broad categories:

- Cardiac procedures
- Obstetrics/Gynecology
- Orthopedic/Neurologic Surgery
- General Medical/Surgical

In order to meet Department of Justice concerns about anti-competitive behavior, we are only able to share the full report with Alliance purchasers (employers and union trusts) and health plans. However, we are able to share key findings more broadly. Among the patterns that emerge from the report:

- Price variation among delivery systems is significant. It is common to see a 40% difference in the average case price index between the lowest price delivery system and the highest.
- Some delivery systems are consistently below the average case price index. Several systems are below, and often significantly below, the average case price index for all of the treatments and procedures for which they are included.
- Some delivery systems are consistently above the regional case price index. Some delivery systems are above the regional case price index for all of the treatments and procedures for which they are included. A few are often among the highest case price indices for their reported procedures.
- The magnitude of price variation is astonishingly high. Even when outliers are eliminated, the range of variation across delivery systems ranges from 240% to 780%. Bear in mind that the cases are severity adjusted, so the comparison is among patients with similar burdens of disease.

The Alliance will be pairing this report with other elements of the Value Portfolio, which includes information on clinical outcomes from Medicare and resource use (an analysis of intensity of care by procedure by delivery system) results. By linking the three elements of care together—resource use, quality, and price—purchasers can have a more complete picture of the value of care in the region to make decisions about benefit design and provider networks.

The process leading up to this report was time-consuming and cumbersome, but the results have been very well received and mark the first time that multi-payer data has been successfully used to demonstrate significant price variation among delivery systems in this market. The Alliance plans to repeat the report in 2014. Ultimately, the Alliance is seeking price information (e.g., allowed amounts) collected routinely in data suppliers’ semi-annual data submissions to the Alliance in order to create a sustainable and efficient process for analyzing and reporting price variation using multi-payer data. This is the right next step in the evolution of this work.

Establishing a State Data Center

In September 2013, the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Center for Consumer Information and Insurance Oversight awarded Washington State a \$3.4 million, two-year grant to enhance a data center to increase health pricing transparency for consumers, businesses and other stakeholders and to support the Washington State Office of the Insurance Commissioner rate review program.

The State is partnering with the Alliance to serve as the data center and to administer it. Thanks to the \$20 million that its members and the Robert Wood Johnson Foundation have invested in the Alliance since its founding, the Alliance is fortunate to have an infrastructure and database that provide a solid starting point for building out the data center.

The Alliance expects to receive \$2.3 million from the grant to establish the framework for implementing an All Payer Claims Database (APCD) for Washington that builds upon and expands our existing capabilities. The Alliance and Washington State will be looking to other states such as Colorado, Utah, Virginia and Maine that have already implemented APCDs, to determine the best approach for establishing a data center that is both sustainable and responsive to the needs of all stakeholders in the State.

Encouraging Provider-Patient Conversations: The Choosing Wisely™ Campaign

In 2013, the Alliance was awarded a two-year grant from the ABIM Foundation to promote the Choosing Wisely™ campaign, which uses lists created by medical societies of tests and procedures that physicians and patients should question. The Alliance has been working closely with the Washington State Medical Association (WSMA), another grantee, and the Washington State Hospital Association (WSHA) on promoting the campaign.

Because the Choosing Wisely campaign includes more than 140 tests and procedures, the Alliance Quality Improvement Committee (QIC), which consists of 18 physician leaders from medical groups, delivery systems and health plans, narrowed the Alliance's focus to five topic areas. After consideration, the QIC determined that the Alliance would focus on areas that were high volume and in which primary care played a significant role. The five areas of focus are:

- Overuse of cervical cancer screenings
- Overuse of antibiotics
- Overuse of cardiac imaging
- Overuse of other imaging (for low-back pain, uncomplicated headaches, and sinusitis)
- Overuse of early elective deliveries

In October 2013, the Alliance, WSMA and WSHA sponsored a half-day event for providers to educate them about and engage them in the campaign. Out of

that event, a task force was established so that providers can develop strategies for implementing the campaign in their practices and delivery systems.

The Choosing Wisely campaign is an integral part of the Alliance's broader consumer engagement campaign, Own Your Health. Own Your Health aims to educate consumers about the importance of their relationship with a primary care physician and their need to take an active role in communicating with their physician and following their treatment plans. The campaign is directed at the employees of the Alliance's purchaser members. King County and Sound Health and Wellness Trust have partnered with the Alliance on the campaign since 2011; the Washington State Public Employees Benefit Board joined the campaign at the start of 2013.

Looking Toward the Future

In addition to all of these activities, the Alliance has a full slate of initiatives ahead. Already underway is the second version of the comprehensive patient experience survey, Your Voice Matters. (The first version was released in May 2012.) The survey, based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician & Group 12-Month Survey, also known as the CG-CAHPS survey, was fielded in the fall of 2013. The survey was sent to over 120,000 commercially-insured and Medicaid patients; the previous survey was sent only to commercially insured patients, so most safety net clinics were not included in the earlier results. Summary results from the survey will be reported publicly in the first quarter of 2014.

In 2014 the Alliance will also be repeating the eValue8™ process. eValue8 is a nationally recognized tool that helps purchasers compare the performance of health plans in the region, including comparing local results to national benchmarks for strongest performance. Participating plans respond to a request for information tool owned and maintained by the National Business Coalition on Health. The evaluation is rigorous and valuable both to the plans and to purchasers. Equally important are the meetings that the Alliance convenes between purchasers and participating plans. Those meetings are an opportunity for purchasers to engage in direct conversations with the plans and to jointly articulate purchaser priorities. This will be the fifth time that the Alliance will be conducting eValue8. We would like to acknowledge the five health plans that are committed to participating in this important evaluation process: Aetna, Cigna, Group Health, Regence Blue Shield and UnitedHealthcare.

The Alliance released its first Disparities in Care Report in November 2013. The Report uses regional Medicaid and commercial rates from the 2012 Community Checkup and then stratifies the Medicaid results by race, ethnicity, and language. As in the Community Checkup, the Disparities Report further illustrates variation in our region, as well as a call to action on improvement opportunities that we can all work on together. A second version of the report planned for 2014 will include statewide data and offer a gap analysis on some of the key findings.

The Alliance remains committed to advancing clinical improvement in the state, largely by amplifying the efforts of our partners. Thanks to the leadership of WSMA, the Clinical Performance Improvement Network (CPIN) hosts a series of monthly webinars for practicing clinicians in which information, resources and tools are shared to help medical practices improve the quality of care and the patient's experience. The Alliance and the Washington Academy partner in CPIN.

The multi-payer medical home pilot that the Alliance co-sponsors with the State is nearing completion. The pilot, which will have lasted 32 months, launched in

May 2011 and includes eight medical groups with 12 clinic locations and approximately 25,000 patients. The medical groups receive upfront payment with expectations for a reduction in potentially avoidable ED visits and/or ambulatory-sensitive inpatient admissions, while maintaining quality. The Alliance, together with the State and the University of Washington Department of Health Services, will be analyzing results from the pilot and sharing learnings later in 2014.

This is just a partial list of the Alliance's priority projects for the coming year. We anticipate that 2014 will be a year of accelerated change, both for the Alliance and for health care. The improvements we seek are only possible because of the support of the Alliance's members. Thanks to their participation, counsel and hard work, we know we can achieve our goal to improve the quality and value of care in Washington State.

About the Alliance

Now entering its tenth year, the Washington Health Alliance was formed as a nonprofit, nonpartisan regional collaborative with the vision of bringing all the stakeholders in the health care system together to lead system change. Thanks to the participation of more than 160 organizations and individuals, the Alliance is now a leading force in helping to bring about the improvements necessary to reduce cost in healthcare, eliminate waste and improve the lives of Washingtonians.

Because of the support of Alliance participants and the community, the Alliance has achieved some remarkable accomplishments since it was founded. As proud as we are of these achievements, we recognize that there is much more work to be done if we are to increase the quality and value of health care in the State. We are grateful for the guidance from our Board of Directors and to the support of our participants as we continue to grow our efforts.



Board of Directors as of November 1, 2013

Mark Adams, MD, Franciscan Health System, Chief Medical Officer
Jeff Collins, MD, Providence Health & Services, PHC Physician Chief Executive
Al Fisk, MD, The Everett Clinic, Chief Medical Officer
David Fleming, MD, King County, Director & Health Officer, Public Health – Seattle & King County
Lindsay Geyer, (Secretary), Port Blakely Companies, Chief Human Resources Officer
David Grossman, MD (Treasurer), Group Health, Medical Director, Population & Purchaser Strategy
David Hansen, UnitedHealthcare, Chief Executive Officer, Pacific Northwest
Steve Hill, (Past Chair), Chair, Robert Bree Collaborative, Former Director for WA State Dept. of Retirement Systems
Tom Hunt, Puget Sound Energy, Director of Compensation and Benefits
Beth Johnson, Regence BlueShield, VP Network Management & Regional Contract Strategy
Florence Katz, City of Seattle, Director, Employee Health Services
Greg Marchand, The Boeing Company, Director, Benefits Policy and Strategy
Rich Maturi, Premera Blue Cross, Senior Vice President, Healthcare Delivery Systems
Peter McGough, MD (Vice Chair), UW Medicine Neighborhood Clinics, Medical Director
Larry McNutt, Carpenters Trust of Western WA, Administrator
Yvonne Peters, Allied Employers, Staff Attorney
Charissa Raynor, SEIU Healthcare NW Health Benefits Trust, Executive Director
Tom Richards, Alaska Air Group, Director of Benefits
Ron Sims, Former King County Executive Director and Deputy Director of HUD
Dorothy Teeter, Washington State Health Care Authority, Director
Caroline Whalen, (Chair), King County, County Administrative Officer and Director for the King County Department of Executive Services
Diane Zahn, United Food & Commercial Workers Union Local 21, Secretary/Treasurer

ALLIANCE PARTICIPANTS AS OF NOVEMBER 15, 2013

EMPLOYERS, UNION TRUSTS AND OTHER PURCHASERS

AFSCME Council 28	Greater Seattle Chamber of Commerce	Snohomish County
Alaska Air Group	King County	Sound Health Wellness Trusts
The Boeing Company	Knoll	SoundTransit
Carpenters Trusts of Western Washington	Perkins Coie LLP	SPEEA
City of Seattle	Pierce County	Starbucks
Davis Wright Tremaine, LLP	Point B	Washington Health Benefit Exchange
The Fairmont Olympic Hotel	Port Blakely Companies	Washington Roundtable
The Fearey Group	Port of Seattle	Washington State Health Care Authority
Federal Reserve Bank of San Francisco, Seattle Branch	Puget Sound Energy	Washington Teamsters Health Trusts
GMMB	SEIU Healthcare	
	NW Health Benefits Trust	

PHYSICIANS, OTHER HEALTH PROFESSIONALS AND HOSPITALS

Ballard Neighborhood Doctors	Neighborcare Health	Qliance Medical Group of Washington PC
Bastyr University	Northwest Asthma & Allergy Center	Quest Diagnostics
Cardiac Strategies Co., Inc.	Northwest Hospital & Medical Center	Radia
The Everett Clinic	Northwest Kidney Centers	Rehabilitation Options of Issaquah
Evergreen Healthcare	Northwest Physicians Network	Seattle Cancer Care Alliance
Franciscan Health System	Northwest Weight Loss Surgery	Seattle OB/GYN Group
Group Health Physicians	Optometric Physicians of Washington	Sound Family Medicine
Harborview Medical Center	Overlake Hospital Medical Center	Sound Mental Health
Harrison Medical Center	Overlake Surgery Center	Summit View Clinic
Highline Medical Group	Pacific Medical Centers	Swedish Health Services
Homewatch Caregivers of Western Washington	Paladina Health	Tumor Institute Radiation Oncology Group, LLP
Kitsap Children's Clinic, LLP	PeaceHealth	UW Medical Center
LabCorp - Dynacare Northwest	Pediatric Associates	Valley Medical Center
Lakeshore Clinic	Physicians of Southwest Washington	Virginia Mason Medical Center
Mercer Island Pediatrics	The Polyclinic	Western Washington Medical Group
Minor and James Medical PLLC	Proliance Surgeons	
MultiCare Health System	Providence Health & Services	
Navos	Puget Sound Family Physicians	
	Puget Sound Orthopaedics, a division of Proliance Surgery	

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

Aetna Health Plans of Washington	LifeWise	Providence Health Plan
Cigna	Molina Healthcare of Washington, Inc.	Regence Blue Shield
Community Health Plan of Washington	Moda Health	United Health Group
Coordinated Care	Premiera Blue Cross	VSP Vision Care
First Choice Health		WellPoint, Inc.
Group Health Cooperative		Zenith American Solutions

PHARMACEUTICAL MANUFACTURERS

AbbVie	GlaxoSmithKline	Novo Nordisk, Inc.
Boehringer-Ingelheim	Lilly	Pfizer, Inc.
Genentech	Merck & Co., Inc.	Sanofi US Inc.
Gilead Sciences	Novartis Pharmaceuticals Corp.	

BENEFITS CONSULTANTS AND BROKERS

AH&T Insurance	Cummings, Fraser & Associates, LLC	The Partners Group
Aon Hewitt — Health & Benefits	Gallagher Benefit Services	Propel Insurance
Benefits Consulting Services, LLC	Kibble & Prentice, a USI Company	Towers Watson
Brown & Brown Insurance	Mercer Health & Benefits	TRUEbenefits LLC
ClearPoint	Parker, Smith & Feek	Wells Fargo Insurance Services USA

INDEPENDENT CONSULTANTS

ChaseLane Consulting	Healthcare Actuaries	Physician Engagement Resources
The Graham Group	Larson Marketing and Communications	Sandbox Innovation Studio
Health Care Strategy Consultants		Wallin Enterprises, LLC

OTHER HEALTH-RELATED ORGANIZATIONS

AARP Washington	Health Management Associates	Vera Whole Health
Allied Health Advocates, LLC	HealthScape Advisors	Washington Academy of Family Physicians
American Cancer Society	Healthways	Washington Association of Naturopathic Physicians
American Diabetes Association	Inland Northwest Health Services	Washington Health Care Forum
Association of Washington Healthcare Plans	Insignia Health	Washington State Health Insurance Pool
Aukema & Associates	Intrepid Learning Solutions	Washington State Hospital Association
Booz & Company	King County Medical Society	Washington State Medical Association
Castlight Health	Limeade	Washington State Medical Oncology Society
CellNetix	Milliman	Washington State Nurses Association
Coopersmith Health Law Group	OneHealthPort	Washington State Pharmacy Association
DataWeb Inc.	Physicians Insurance	
Foundation for Health Care Quality	Qualis Health	
	SonoSite, Inc.	
	Strong-Bridge	
	TriZetto Corporation	

COMMUNITY PARTNERS

American Heart Association	Empire Health Foundation	Puget Sound Regional Council
Center for Multicultural Health	Mental Health Action	YMCA of Greater Seattle
	Project Access Northwest	

