



Comparing Local Health Care in Washington State

2014 Community Checkup Overview

Letter from Executive Director

Dear Community Member,

I am pleased to present the 2014 Community Checkup results. This version of the Community Checkup is the eighth time that the Alliance has produced these results, and it includes an important milestone in our statewide expansion. For the first time, we are reporting medical group and clinic results outside the Puget Sound region, with results for Skagit, Spokane and Whatcom counties.

The Community Checkup is the Alliance's foundational report and is based upon our fundamental belief that what can be measured can be managed. In this report, we provide a glimpse of how measurement might spur improvement by comparing our second report, published in 2008, and this one.

Many of the themes in this report are familiar from past reports, especially the ongoing prevalence of unwarranted variation. We recognize that these themes may seem well worn by now, but that does not make them any less true nor the problems that they illustrate any less urgent. Changing the health care system is not a task that can be accomplished quickly, no matter how dedicated system leaders may be to change. The Community Checkup serves as a reminder that the debate about improving the value of health care, including quality, needs to be a public one with transparent data to inform the conversation.

This report is also a reminder that we have many successes to celebrate, including in the new counties covered in this report for the first time. High performance is an attainable goal, and we have many medical groups in this report that have proven that true.

The data in this report cover 3.9 million insured lives in Washington for the period from July 2012 to June 2013. While we wish the data were fresher, we believe it is valuable, both in terms of transparency and in providing information for future comparisons. We have instituted several process improvements to make future results available more quickly and we look forward to working with our many data suppliers to help us achieve this goal.

In upcoming reports, we will be expanding our medical group and clinic reporting into other population centers in the state. Our goal is to be able to present a detailed picture of the quality of care across Washington. We hope eventually to be able to supplement that picture with pricing information for select procedures and treatments, to provide a fuller picture of the value of health care in the state.

We appreciate your leadership and support in working collaboratively to improve health care in Washington.

Nancy A. Giunto
Executive Director, Washington Health Alliance

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Key Findings

The eighth Community Checkup once again reinforces the common theme the Alliance has seen in each version of the report: significant variation in the quality of care patients receive is all too frequent. Failure to deliver evidence-based care adds to cost and contributes to waste in the system. Yet with their results, many individual clinics and medical groups prove that high performance is indeed possible and should be the standard for patient care across the state.

Unwarranted variation is not the only theme repeated in the current report. Among the other recurring themes:

- No single medical group or clinic is good at everything. Everyone has room for improvement. The same holds true for the counties around the state.
- High-performing medical groups demonstrate that outstanding quality care is achievable in our state.
- On several measures, providers in Washington are performing close to the top 10 percent in the nation, and on one measure—imaging for low-back pain—exceed that high standard.
- Nonetheless, too many patients are still not receiving recommended, evidence-based care.

This high-level summary of the results of the 2014 Community Checkup includes results from commercially insured patients. More detailed analyses of select results, including for Medicaid patients, accompany the graphics that follow. As has been the case in the past, results for the current Community Checkup indicate that Medicaid patients generally receive lower quality care than commercially insured patients. However, the high performance of some medical groups that serve significant numbers of Medicaid patients proves that this does not necessarily have to be the case.

Diabetes Care

Washington ranks better than other states in the prevalence of diabetes, but the overall numbers are still alarming. According to data collected by the Centers for Disease Control, approximately 8.6 percent of Washington residents, or more than 550,000 people, have been told by a doctor that they have diabetes. If current rates remain unchanged, that number is projected to grow to 844,000 by 2030. Because diabetes is a major contributor to health care costs and is an emotional and financial burden for patients, proper management of the disease is critically important. Sound management can reduce the chances of complications and help patients lead more productive lives.

- For the three measures where a national benchmark is available (HbA1c testing, cholesterol testing, kidney disease testing), Washington falls short of the 90th percentile of performance, even though these

WHAT IS THE COMMUNITY CHECKUP?

The Community Checkup is the Alliance's annual report to the public comparing the performance of medical groups and clinics for basic measures of quality care. The report demonstrates that high-quality care is possible and that everyone has room to improve.

measures reflect care processes that are widely recognized as the standard of care.

- Variation is surprisingly high across all four measures. For example, the range among medical groups for cholesterol testing is 67 percent to 86 percent.

Heart Care

Coronary artery disease is the second leading cause of death in Washington; stroke is the sixth-leading cause. Patients with heart disease should receive certain treatments to reduce their chances of having another serious heart attack or stroke. Patients who have been hospitalized for heart disease should have their cholesterol checked at least once within the year after they are discharged. Depending on what type of disease they had, they should also receive a beta blocker or cholesterol-lowering medication. These simple measures can help patients stay out of the hospital.

- Washington is well short of the 90th percentile on the two measures with a national benchmark (cholesterol test and beta blockers).
- The cholesterol test measure shows one of the largest percentage point gaps between the Washington state average and the national 90th percentile benchmark of any measure in this report (76 percent vs. 92 percent).
- The cholesterol test measure also displays wide variation, with medical groups ranging from 66 percent to 86 percent in meeting the measure.

Appropriate Treatment for Chronic Conditions

Patients with chronic conditions such as asthma and chronic obstructive pulmonary disease (COPD) often end up in the emergency room or the hospital because of complications from their disease. When depression is not well controlled, it may exacerbate other conditions that patients may have, such as heart disease and diabetes, by making it harder for them to adhere to treatment recommendations or effectively engage in self-management of their disease. Effectively managing these conditions in a primary care setting can help patients stay healthier and avoid care in more expensive settings. Making sure patients with asthma are receiving the medications that they need reduces the chances of a potentially avoidable trip to the ER. Ensuring patients with COPD receive a spirometry test at the time of diagnosis gives providers important information to tailor the patients' treatment appropriately.

- While the number of patients on antidepressants 12 weeks and six months after diagnosis is close to the national 90th percentile, national performance on these measures is frustratingly low. Significant numbers of patients are not staying on their antidepressant medication long enough to achieve therapeutic benefit.
- Fewer than half of patients diagnosed with COPD are receiving a spirometry test to confirm the diagnosis, despite it being the standard of care.

- More than nine out of ten people with asthma are receiving long-term controller medications, but the results are still short of the top 10 percent national benchmark.

Use of Generic Prescription Drugs

For most patients, generic drugs are a good option, particularly in certain classes of drugs. Not only do they work as well as brand-name drugs, they are generally less expensive, removing a key barrier to patient adherence. The five measures in the Community Checkup, developed by the Alliance with the expertise of physicians and pharmacists address diseases where generics are well-established alternatives to brand names or, in the case of Attention Deficit Hyperactivity Disorder (ADHD), increasingly becoming so. These measures are the only ones that are reported at the individual provider level. Those results underscore that variation is not merely a problem among medical groups but even within medical groups.

- Of all the measures in the Community Checkup, generic prescription rates have the greatest variation.
- The highest generic prescription rates are for antihypertensives and antidepressants. ADHD generic prescription rates should be expected to increase over time as more generics become available.
- However, these results may be somewhat lower than the actual rate since the Alliance's claims database does not capture over-the-counter or discounted generic drugs that people buy at retailers separate from their insurance coverage.

Appropriate Use of Services

Inappropriate services can expose patients to unnecessary risks and harm, including financial harm. Thanks to the Choosing Wisely® campaign launched by the American Board of Internal Medicine Foundation, Washington has been engaged in a robust conversation about the appropriate use of care. The results for these measures show how much the state has succeeded—and also how far the state has to go. The special focus that the Choosing Wisely campaign is placing on overuse of antibiotics may have a beneficial effect on future results.

- The avoidance of imaging for low back pain is the one measure for which the state average exceeds the national top ten percent. The results highlight the success of providers and health plans to address this issue systematically.
- The state performs near the national 90th percentile for avoidance of antibiotics for the common cold.
- Nearly three-fourths of patients with acute bronchitis statewide receive unnecessary antibiotics; even at the best performing medical groups, more than half do. These disappointing results are the lowest single average for any measure in the Community Checkup.

Preventive Care

Simply put, cancer screenings can save lives. They can detect disease at an early stage when it is less costly to treat and more likely to result in a better outcome. That is why screenings for breast, colon and cervical cancer are

recommended for patients depending on their gender, age and health history. Another measure in this category—chlamydia screening—is important because chlamydia puts women at higher risk for complications that can lead to infertility.

The final measure is related to adolescent well-care visits. The results for this measure are very disappointing. The state average is the furthest from national top ten percent performance of any measure in this report, by 26 percentage points.

- There is significant variation among medical groups for all three screening measures; the range for cervical cancer screening spans from 40 to 95 percent.
- On average, one quarter of the women in Washington are not receiving recommended screenings for breast and cervical cancer; more than 60 percent of women are not screened for chlamydia, a rate dramatically below the 90th percentile.
- Four out of ten patients age 50 and older who should be screened for colon cancer are not.

Results for Skagit, Spokane and Whatcom Counties

For the first time, the Alliance is reporting medical group and clinic results for three counties outside of the Puget Sound region: Skagit, Spokane and Whatcom counties. In doing so, the Alliance hopes to reinforce the work being done to improve care in those communities and to share the successes being demonstrated in each.

As the accompanying tables illustrate, each of the three counties performs better than the state as a whole on multiple measures. Spokane County does particularly well with access to care. Whatcom and Skagit counties perform especially well with generic prescription rates. Providers in these counties should be proud of these accomplishments.

At the same time, there remains plenty of room for improvement. Whatcom County shows average to below-average results for access to care. Skagit County falls below the state average on multiple prevention measures. Spokane County shows wide variation in performance on the generics prescribing and prevention measures.

The goal of the Alliance in making medical group and clinic results available for the first time in these counties is to promote a community-wide dialogue about the quality of care. The Alliance knows from its experience in reporting in the Puget Sound region that many providers take these results to heart. They share learnings of their successes and genuinely strive to improve care when it falls short of their expectations. As the Alliance continues to expand its reporting around the state, it remains confident in the commitment of providers across Washington to work to improve the health care system.

Figure 1: Results for Access to Care measures for Whatcom, Skagit and Spokane counties.

For the figures 1–5, dark green = results are better than state average; light green = results are the same as state average; red = results are worse than state average. Asterisk (*) = too few patients (fewer than 160) to report.

	PAYER TYPE	STATE AVERAGE	SKAGIT	SPOKANE	WHATCOM
Child and Adolescent Access to Primary Care - Ages 12–24 Months	Commercial	89%	93%	96%	90%
	Medicaid	84%	93%	87%	86%
Child and Adolescent Access to Primary Care - Ages 2–6 Years	Commercial	78%	83%	84%	80%
	Medicaid	70%	80%	71%	72%
Child and Adolescent Access to Primary Care - Ages 7–11 Years	Commercial	81%	82%	85%	79%
	Medicaid	78%	77%	78%	74%
Child and Adolescent Access to Primary Care - Ages 12–19 Years	Commercial	81%	84%	85%	80%
	Medicaid	74%	71%	77%	75%
Adult Access to Preventive/Ambulatory Care - Ages 20–44	Commercial	90%	90%	92%	86%
	Medicaid	82%	88%	84%	84%
Adult Access to Preventive/Ambulatory Care - Ages 45–64	Commercial	95%	95%	95%	92%
	Medicaid	90%	93%	91%	90%
Adult Access to Preventive/Ambulatory Care - Ages 65+	Commercial	97%	97%	95%	93%
	Medicaid	90%	*	*	*

Figure 2: Results for Generic Prescriptions measures for Whatcom, Skagit and Spokane counties.

	PAYER TYPE	STATE AVERAGE	SKAGIT	SPOKANE	WHATCOM
Antacids (Proton Pump Inhibitors)	Commercial	87%	89%	88%	93%
	Medicaid	94%	95%	93%	95%
Antidepressants	Commercial	94%	95%	94%	95%
	Medicaid	96%	96%	96%	95%
Attention Deficit Hyperactivity Disorder	Commercial	70%	80%	67%	80%
	Medicaid	76%	84%	68%	89%
Cholesterol-Lowering (Statins)	Commercial	88%	88%	90%	92%
	Medicaid	90%	92%	90%	88%
High Blood Pressure (Antihypertensives)	Commercial	92%	94%	92%	95%
	Medicaid	97%	97%	97%	99%

Figure 3: Results for Prevention health screening measures for Whatcom, Skagit and Spokane counties.

	PAYER TYPE	STATE AVERAGE	SKAGIT	SPOKANE	WHATCOM
Adolescent Well-Care Visits	Commercial	37%	35%	37%	36%
	Medicaid	33%	35%	31%	31%
Screening for Breast Cancer (ages 52-69)	Commercial	73%	69%	77%	74%
	Medicaid	50%	44%	53%	54%
Screening for Cervical Cancer	Commercial	72%	70%	76%	74%
	Medicaid	65%	62%	68%	68%
Screening for Chlamydia	Commercial	39%	34%	40%	39%
	Medicaid	50%	45%	51%	57%
Screening for Colon Cancer	Commercial	60%	50%	58%	63%
	Medicaid	43%	41%	38%	46%

Figure 4: Results for Chronic Health Conditions measures for Whatcom, Skagit and Spokane counties.

	PAYER TYPE	STATE AVERAGE	SKAGIT	SPOKANE	WHATCOM
Asthma - Use of Appropriate Medication	Commercial	92%	93%	91%	92%
	Medicaid	84%	*	87%	88%
COPD - Use of spirometry testing in the assessment and diagnosis of COPD	Commercial	47%	*	42%	*
	Medicaid	32%	*	*	*
Depression - Antidepressant Medication (12 Weeks)	Commercial	71%	71%	70%	74%
	Medicaid	58%	*	59%	*
Depression - Antidepressant Medication (6 Months)	Commercial	55%	54%	54%	56%
	Medicaid	43%	*	44%	*
Diabetes - Blood Sugar (HbA1c) Test	Commercial	89%	86%	87%	86%
	Medicaid	87%	81%	85%	90%
Diabetes - Cholesterol Test (LDL-C or Bad Cholesterol)	Commercial	80%	77%	74%	80%
	Medicaid	69%	68%	67%	70%
Diabetes – Eye Exam	Commercial	63%	63%	71%	64%
	Medicaid	55%	48%	56%	58%
Diabetes - Kidney Disease Screening	Commercial	85%	78%	83%	86%
	Medicaid	78%	71%	76%	78%
Heart disease – Use of Beta Blockers	Commercial	79%	*	*	*
	Medicaid		*	*	*
Heart disease - Cholesterol Test (LDL-C or Bad Cholesterol)	Commercial	76%	75%	70%	70%
	Medicaid	73%	*	*	*
Heart disease - Cholesterol-Lowering Medication	Commercial	76%	75%	73%	74%
	Medicaid	73%	*	73%	*

Figure 5: Results for Appropriate Use of Care measures for Whatcom, Skagit and Spokane counties.

	PAYER TYPE	STATE AVERAGE	SKAGIT	SPOKANE	WHATCOM
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Commercial	27%	23%	20%	25%
	Medicaid	22%	*	19%	*
Avoidance of Antibiotics for Common Cold	Commercial	91%	80%	88%	93%
	Medicaid	91%	85%	89%	91%
Avoidance of X-ray, MRI and CT Scan for Low Back Pain	Commercial	86%	88%	84%	88%
	Medicaid	85%	*	83%	85%

Analysis of Select Results

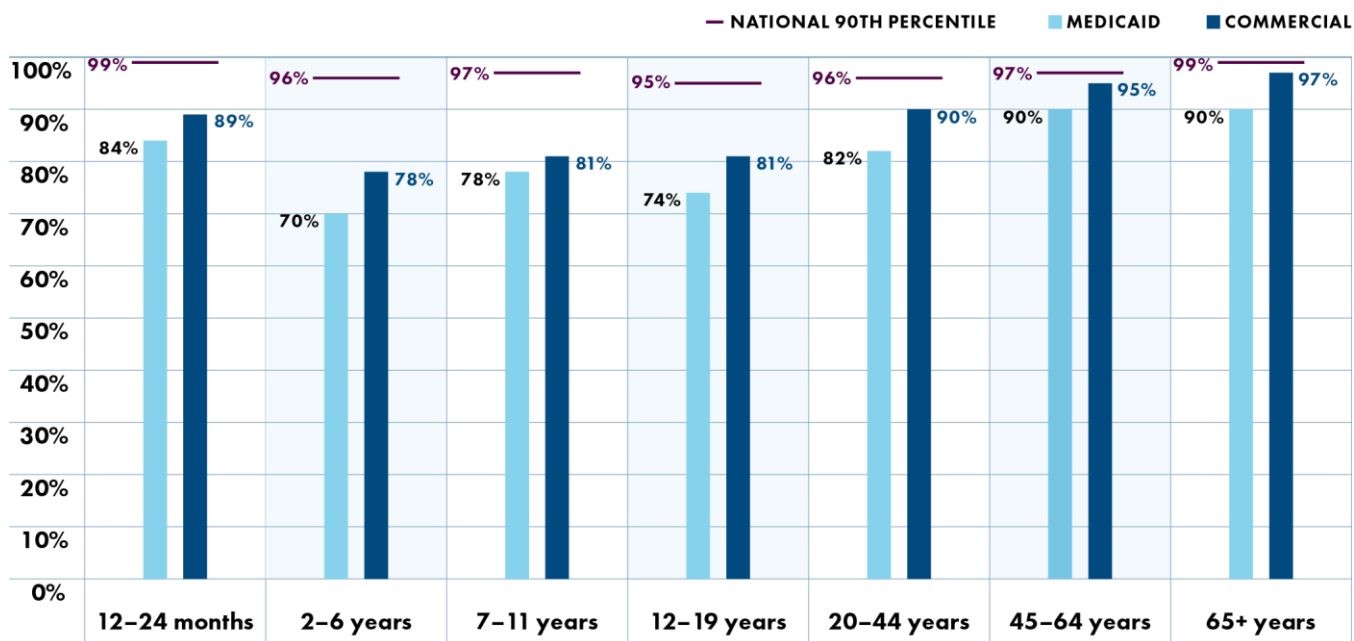
Access to Care

Access to a primary care provider and to preventive care is important for everyone, no matter the age. Preventive services reduce the likelihood of avoidable illnesses and the chances that chronic conditions will lead to complications. For children, regular visits to a primary care provider have the added benefit of establishing a routine that will pay dividends throughout their adult life.

Unfortunately, a troubling divide in access to care appears in Washington. Adults are more likely to see a primary care provider during a specified time period than children. As the accompanying chart illustrates, 90 percent of commercially insured adults see a primary care provider within the year. Compare that to fewer than 80 percent of two-to-six year olds. The numbers are even lower for Medicaid patients; only 70 percent of two-to-six year olds are seeing a primary care provider. In general, children are most likely to be seen when they are one or two years old, even though they should be seen regularly throughout their development.

The results are particularly troubling when comparing the commercially insured rate to the 90th national percentile, with results as much as 16 percentage points below that benchmark. (Interestingly, these echo the lackluster results for adolescent well-care visits previously covered under the preventive screening section.) This underperformance could have potentially serious consequences, particularly with the rise of such issues as childhood obesity and lack of vaccination for preventable disease.

Figure 6: Comparison of Access to Care results across age groups and payer type.



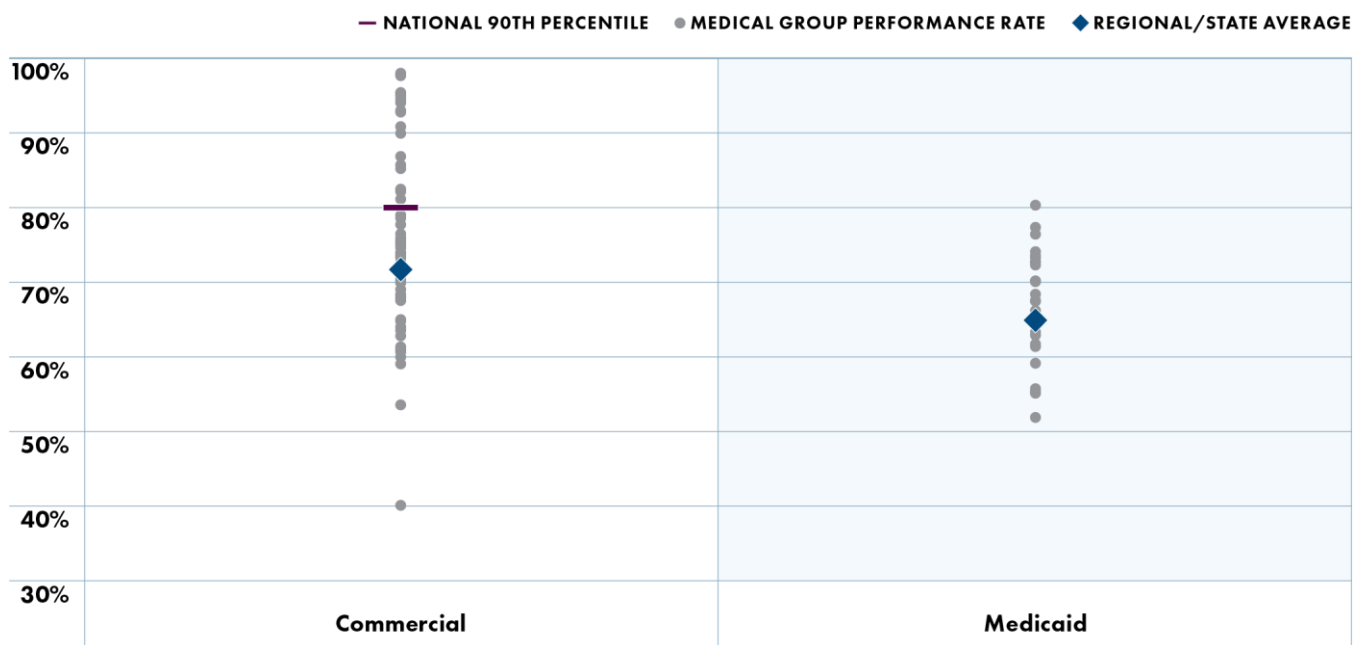
Variation by medical group and county

Results by medical group

One of the key themes of the Community Checkup is variation of care, even when it comes to well-established, evidence-based treatment standards. The accompanying chart, which looks at cervical cancer screening for women with commercially insurance or Medicaid, illustrates how quality care varies among medical groups.

Each dot on this chart represents a medical group. While the statewide average for screenings is 72 percent, the range among medical groups is very wide, from 40 to 98 percent. While the range of variation among medical groups for Medicaid patients is not as pronounced, it is still very significant. Ideally, medical groups would be clustered more tightly around an even higher statewide average, indicating that collectively providers are offering the same high quality care to patients. The disparate results displayed here underscore the fact that, in many cases, medical practice still has a ways to go to catch up with medical standards. The highest performing medical groups prove that those standards are attainable in our state.

Figure 7: Variation of medical group performance on appropriate cervical cancer screenings measures.*



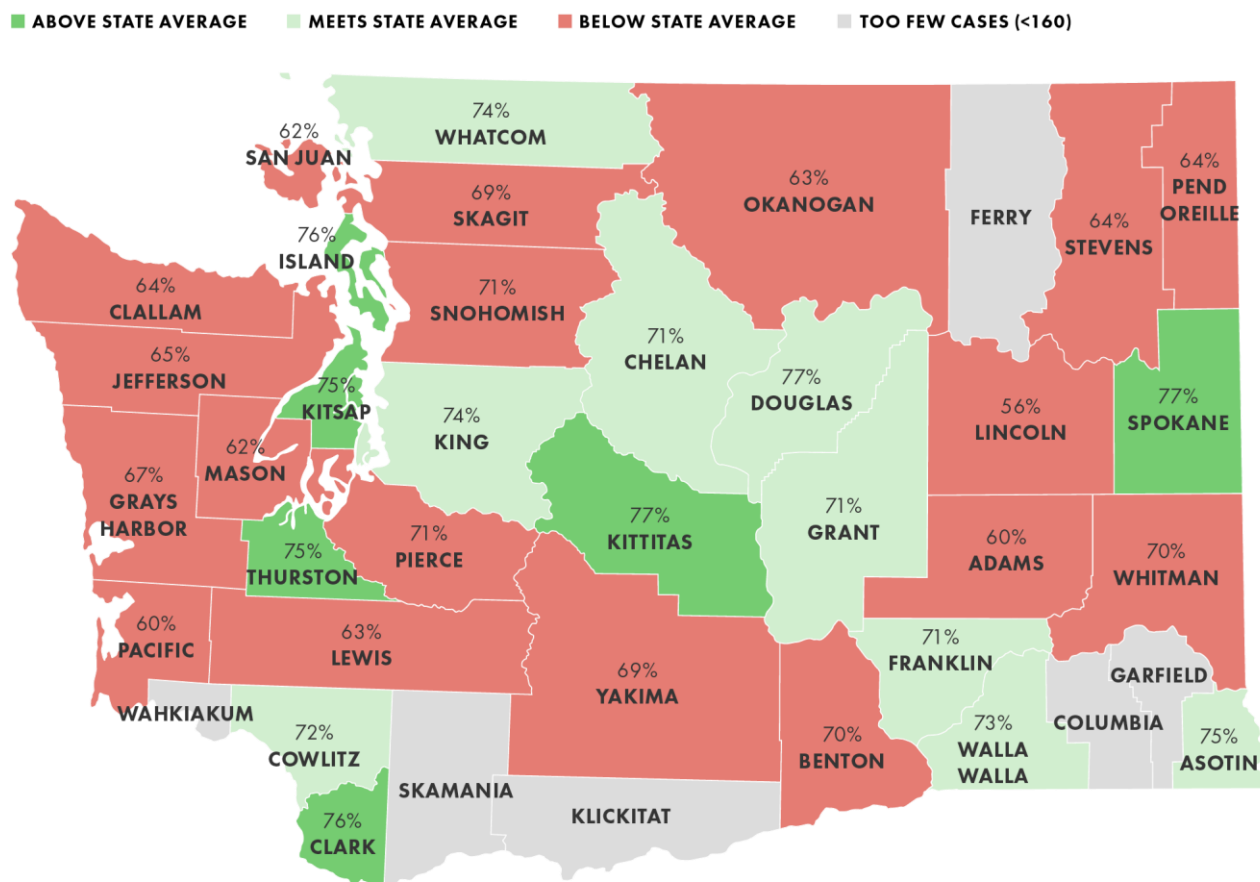
* National benchmark for commercially insured is 80 percent. State average for commercially insured is 72 percent. State average for Medicaid is 65 percent.

Results by county

Just as results vary significantly among medical groups, so too do county-level results. The accompanying map looking at breast cancer screening for women aged 52 to 69 among the commercially insured provides one illustration of that variation.

The map on the next page shows just six counties above the state average, with most below or at the state average rate. (Counties with similar percentages may be displayed differently when it comes to state averages due to confidence intervals.) Rates vary significantly between neighboring counties, with some of the best performing counties bordering counties with room for improvement. High performance is found in both rural and urban counties, suggesting that geography does not necessarily have to be a barrier to high-quality care.

Figure 8: Variation between Washington counties on screening commercially insured patients ages 52–69 for breast cancer.



These results indicate that variation takes many forms, not just among medical groups but also among defined geographies. Identifying this variation is an important step in looking for ways to address it so that all Washingtonians receive a similar high level of quality care.

Comparison over time

Do measurement and public reporting have an impact on performance over time? Without suggesting causality, in this report the Alliance compares publicly reported results from 2008 to results in this current report.

There are a number of caveats that must be attached to any such comparison. For one thing, the makeup of patients changes over time as people enter and leave the health care system. The Alliance has added data suppliers, and new populations can have an impact on results. In addition, the measures themselves are continually refined, so measures are not exactly the same from one measurement period to another.

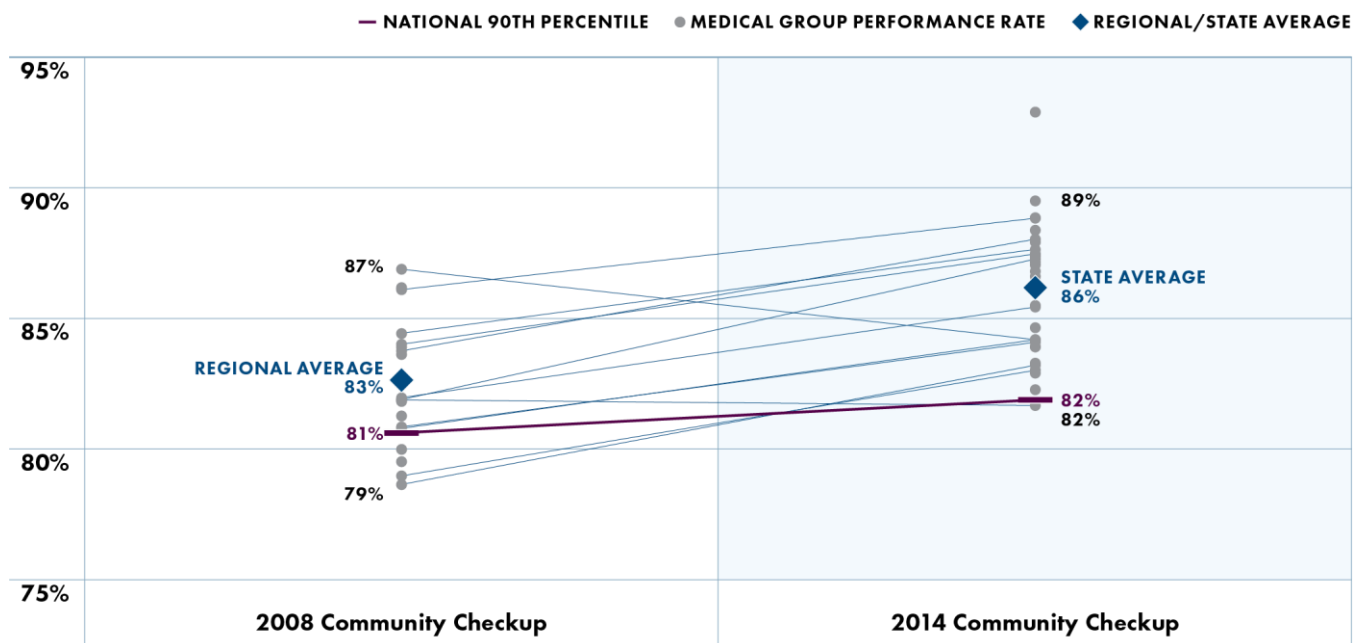
It is also important to understand that comparing two reports does not constitute a trend. Instead, it is a snapshot that offers some suggestion about the direction of results. But even with these caveats, it is a *valuable* snapshot because it allows us to look at change over a period of more than five years.

Figure 9 looks at the changes in select individual medical groups' results on avoidance of imaging for low-back pain between the second Community Checkup, published in 2008, and this one. This measure is one marked by the high performance of providers, with the state average exceeding the top 10 percent national benchmark.

Each dot on the chart represents a single medical group. Almost universally, performance between the two reports shows improvement. (It should be pointed out that the comparison between the regional average and the statewide average is not an exact one, since the rates have different bases.)

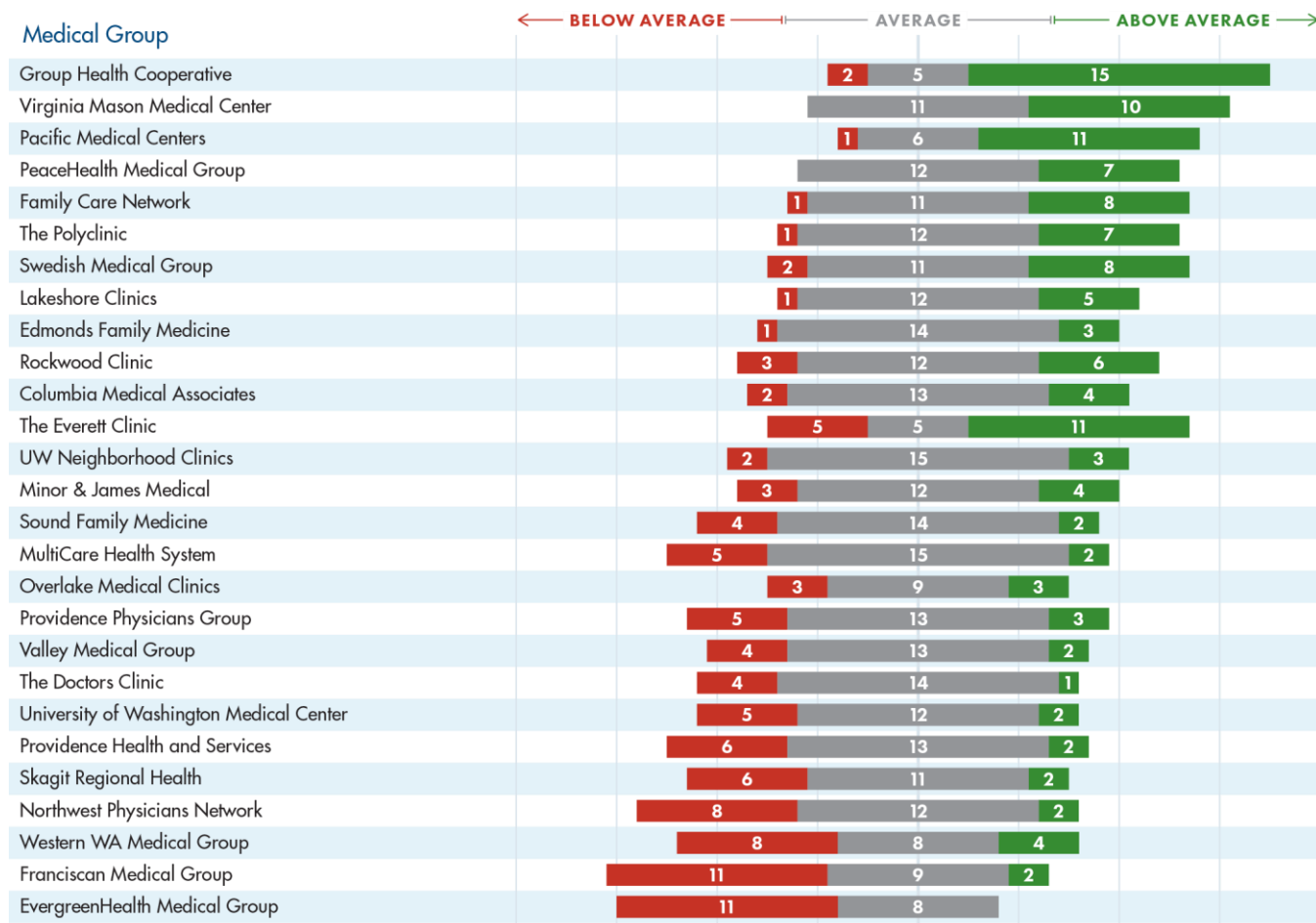
The asthma measure and heart disease measures show comparable results, including a narrowing band of variation in the current report. Overall, these comparisons are a heartening suggestion that performance is improving over time.

Figure 9: Comparison of medical group performance on avoidance of imaging for low back pain measure between 2008 and 2014 Community Checkup reports.



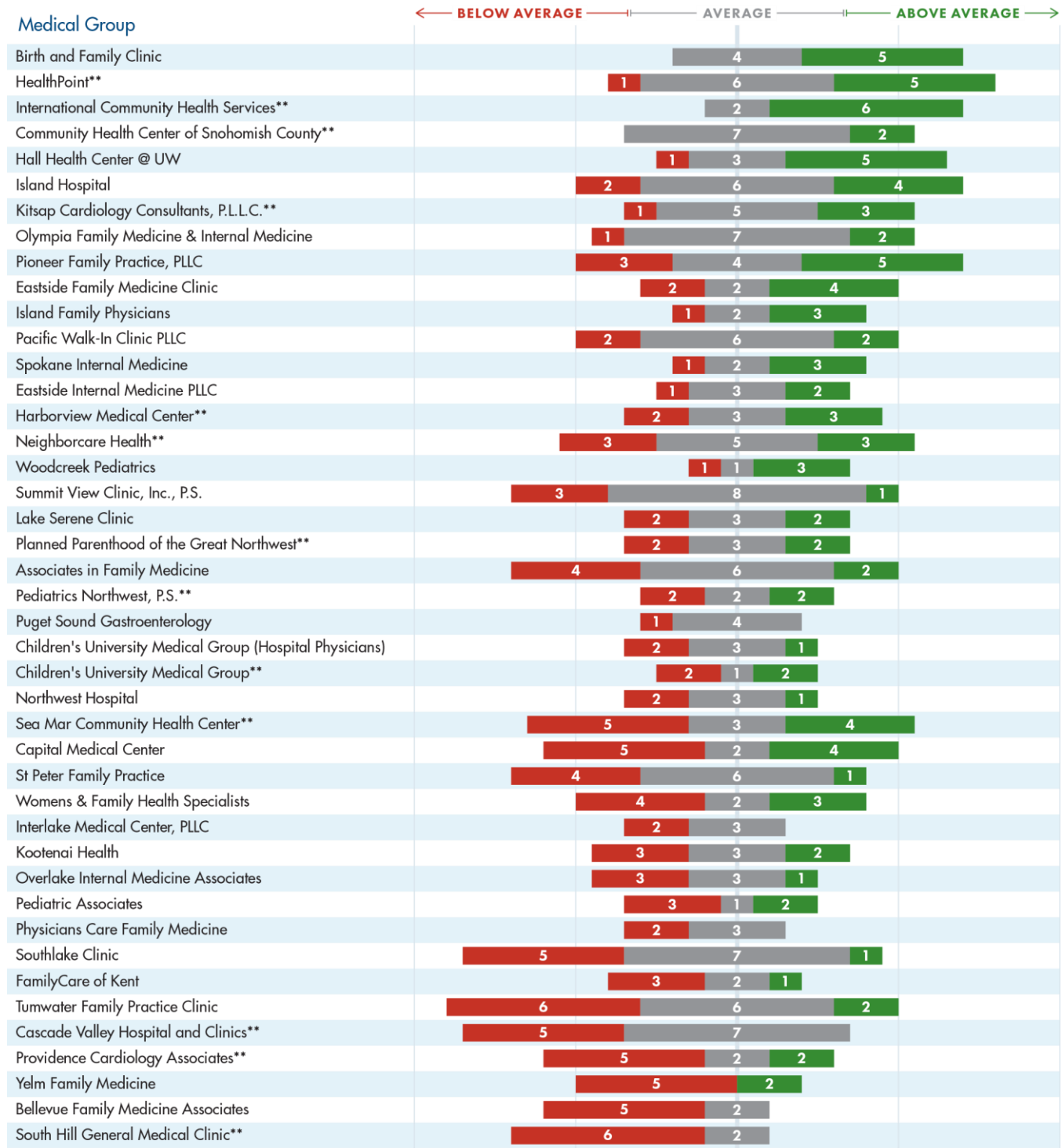
Appendix 1: Summary of medical group results

Commercial results for groups that have 15 or more reportable measures



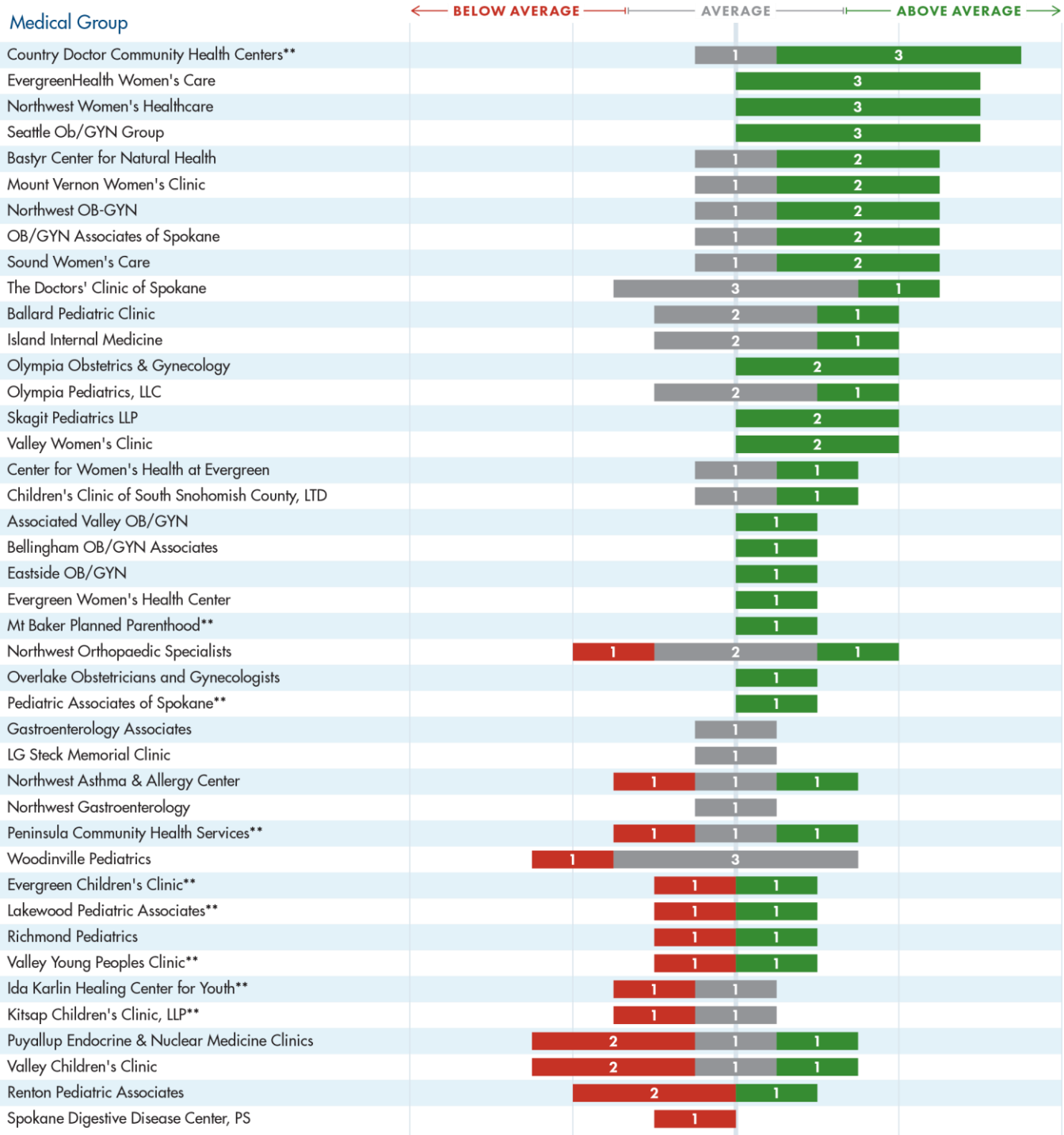
** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2013
and the measurement year of 7/1/2012 - 6/30/2013.

Commercial results for groups that have between five and 14 reportable measures



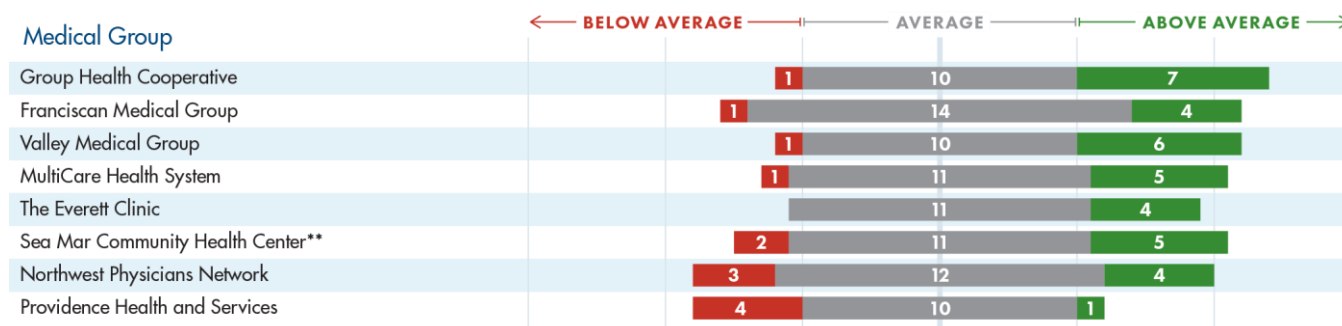
** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2013
and the measurement year of 7/1/2012 - 6/30/2013.

Commercial results for groups that have fewer than five reportable measures



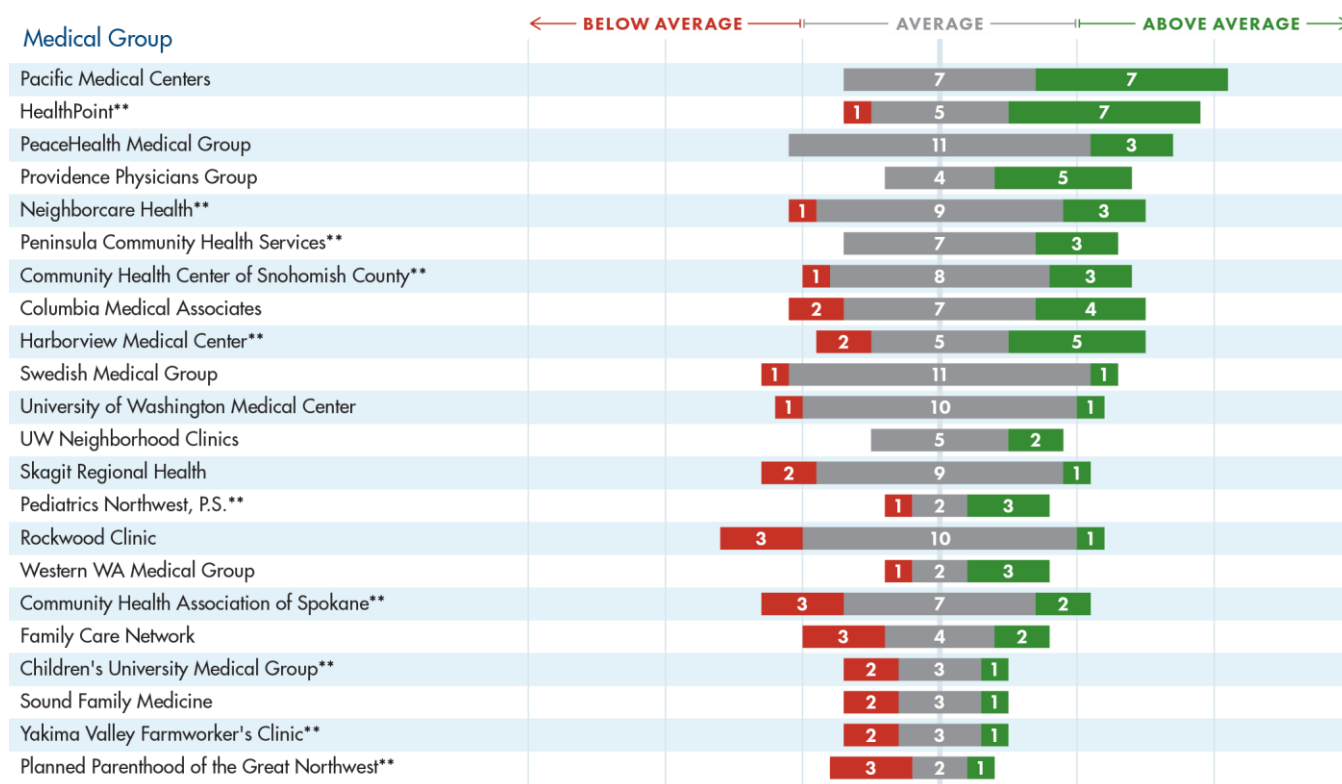
** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2013
and the measurement year of 7/1/2012 - 6/30/2013.

Medicaid results for groups that have 15 or more reportable measures



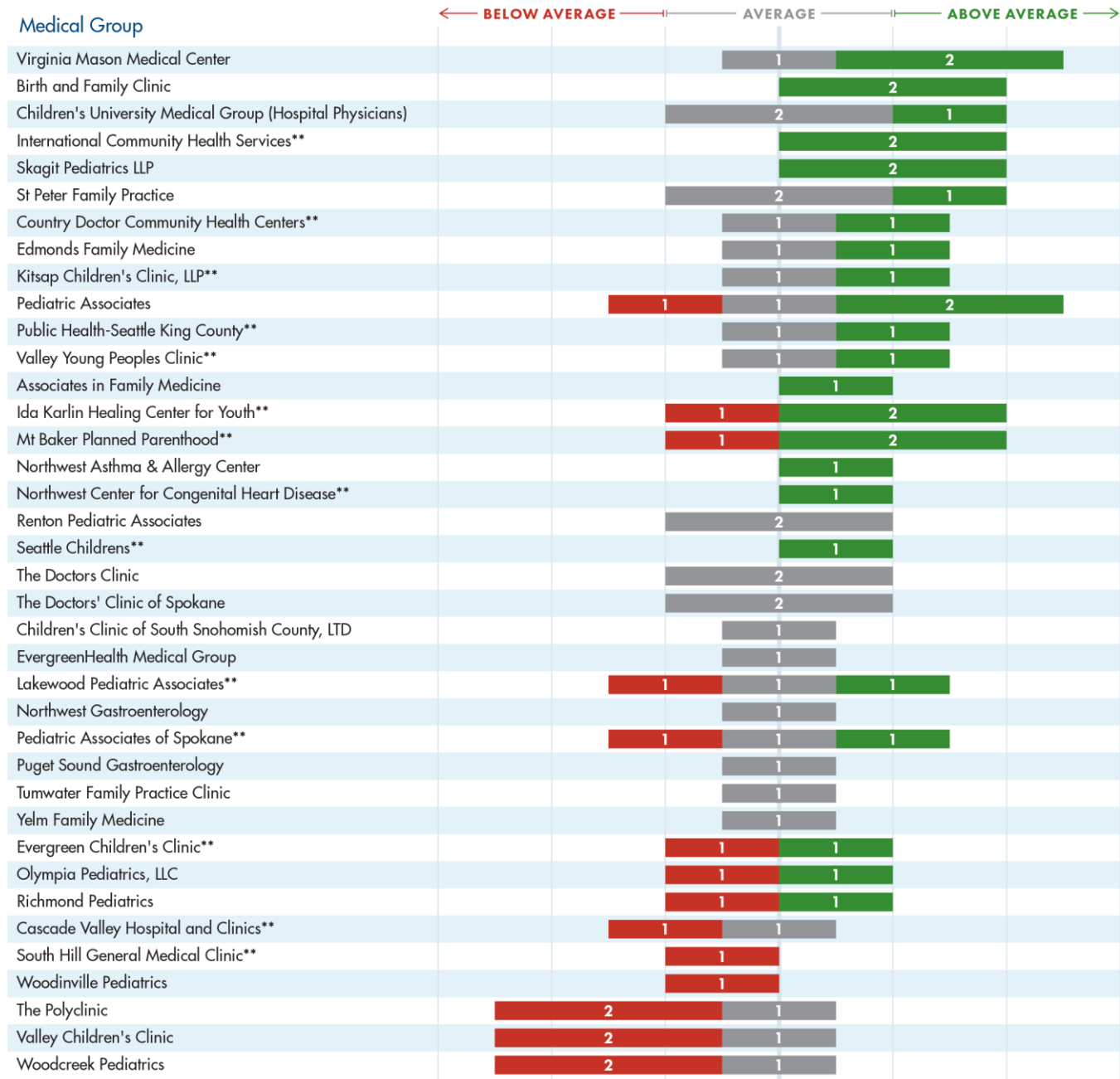
** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2013
and the measurement year of 7/1/2012 - 6/30/2013.

Medicaid results for groups that have between five and 14 reportable measures



** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2013
and the measurement year of 7/1/2012 - 6/30/2013.

Medicaid results for groups that have fewer than five reportable measures



** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004 - 6/30/2013
and the measurement year of 7/1/2012 - 6/30/2013.

Appendix 2: How is the Community Checkup created?

The 2014 Community Checkup report reflects care provided to approximately 3.9 million people living in Washington state. The report covers 31 quality measures of ambulatory care provided to people with chronic conditions, the use of generic drugs, preventive services, appropriate use of care and access to care. The report relies on claims and encounter data supplied by 20 health plans, self-insured purchasers and union trusts and the Washington State Health Care Authority (Medicaid). Data submitted for the report is de-identified and aggregated and reported by medical group and clinic location. The following data suppliers shared their data to help create the report:

- Aetna
- Asuris
- Carpenters Trusts of Western Washington
- Community Health Plan of Washington
- Cigna
- City of Seattle
- Medicaid
- First Choice Health
- Group Health Cooperative
- Health Care Authority
- King County
- Molina Healthcare
- Premera Blue Cross
- Regence BlueShield
- REI
- Sound Health & Wellness Trust
- The Boeing Company
- UnitedHealthcare
- Washington State Health Insurance Pool
- Washington Teamsters Welfare Trust

Assembling the measure results is a multi-step process that includes the following:

- **Data submission and validation** – Data suppliers submit claims and encounter data to Milliman, the data vendor for the project. Milliman works directly with data suppliers to validate the data submitted and the initial performance measure results.
- **Update of the Alliance medical group roster database** – Medical groups update their clinician rosters and practice locations. The Alliance uses the medical group-supplied information from the directory to develop a comprehensive list of clinicians by clinic location.
- **Measure calculation** – Milliman removes patient identifying information to ensure privacy, aggregates the data and calculates measure results.
- **Attribution of results to providers** – Milliman attributes results to providers based upon provider attribution methodology available at: www.wacommunitycheckup.org/resources/alliance-reports.

- **Medical group review of draft results** – The Alliance runs medical group and clinic results and posts them to a secure online portal. Medical groups access and review their draft results via the secure portal and notify the Alliance of any potential data issues.
- **Measure results finalized** – The Alliance, Milliman and the medical groups resolve any data issues in order to finalize the dataset and run final results.
- **Measure results made public** – Medical groups receive a detailed final report. Medical group and clinic-level results are released also to the public. Additionally, the results are incorporated into a searchable online tool on the Community Checkup website at www.wacommunitycheckup.org.

Contact us

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ABOUT THE ALLIANCE

The Washington Health Alliance brings together those who give, get and pay for health care to create a high-quality, affordable system for the people of Washington state. The Alliance is a nonprofit, nonpartisan organization that shares the most reliable data on health care quality and value in the state to help providers, patients, employers and union trusts make better decisions about health care. Through innovative strategies and initiatives, we help the entire health care system—from exam room to board room—focus on improving quality and value. We are committed to being the catalyst for change for the health care system in Washington. The Alliance is one of 16 organizations that are part of the Robert Wood Johnson Foundation’s Aligning Forces for Quality (AF4Q) initiative.

For more about the Alliance:
www.WashingtonHealthAlliance.org

For the Community Checkup report:
www.WACommunityCheckup.org