# 2017 COMMUNITY CHECKUP CHART PACK

December 2017

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## Steps Required to Achieve Better Value in Health Care

### Data

- Complete
- Accurate
- Valid Measures

### Information

- Trusted Source
- Comparable
- Relevant
- Understandable

### Action

- Purchasing
- Benefit Design
- Changing Practice Patterns
- Behavior Change

### Outcomes

- Top 10%
- Better Health
- Better Care
- Less Waste
- Lower Cost

# Washington State Performance for **Commercially Insured** as Compared to NCQA National Benchmarks

| National Benchmarks | Measure | State Average | National 90th Percentile |
|---|---|---|---|
| **Above National 90th Percentile** | Access to primary care (ages 12–24 months) | 98% | 96% |
| | Eye exam for people with diabetes | 75% | 68% |
| **Between National 75th and 90th Percentile** | Access to primary care (ages 65+) | 98% | 98% |
| | Avoiding antibiotics for adults with acute bronchitis | 38% | 39% |
| | Avoiding antibiotics for children with upper respiratory infection | 93% | 95% |
| | Avoiding X-ray, MRI and CT scan for low-back pain | 81% | 82% |
| | Breast cancer screening | 76% | 80% |
| | Staying on antidepressant medication (12 weeks) | 72% | 76% |
| | Staying on antidepressant medication (6 months) | 57% | 60% |
| **Between National 50th and 75th Percentile** | Blood sugar (HbA1c) testing for people with diabetes | 91% | 94% |
| | Colon cancer screening | 64% | 72% |
| | Follow-Up Care for Children Prescribed ADHD Medication (30 days) | 43% | 50% |
| | Follow-Up Care for Children Prescribed ADHD Medication (9 months) | 49% | 57% |
| | Kidney disease screening for people with diabetes | 91% | 93% |
| | Monitoring patients on high-blood pressure medications | 84% | 87% |
| | Statin therapy for patients with cardiovascular disease | 82% | 86% |
| **Between National 25th and 50th Percentile** | Access to primary care (ages 12–19 years) | 90% | 97% |
| | Access to primary care (ages 45–64) | 96% | 97% |
| | Access to primary care (ages 7–11 years) | 90% | 96% |
| | Adolescent well-care visits | 44% | 65% |
| | Cervical cancer screening | 74% | 81% |
| | Chlamydia screening | 43% | 62% |
| | Spirometry testing to assess and diagnose COPD | 39% | 50% |
| | Well-child visits (ages 3–6 years) | 73% | 87% |
| **Below National 25th Percentile** | Access to primary care (ages 2–6 years) | 89% | 96% |
| | Access to primary care (ages 20–44) | 91% | 95% |
| | Appropriate testing for children with sore throat | 78% | 93% |
| | Managing medications for people with asthma | 43% | 57% |
| | Well-child visits (in the first 15 months) | 69% | 88% |

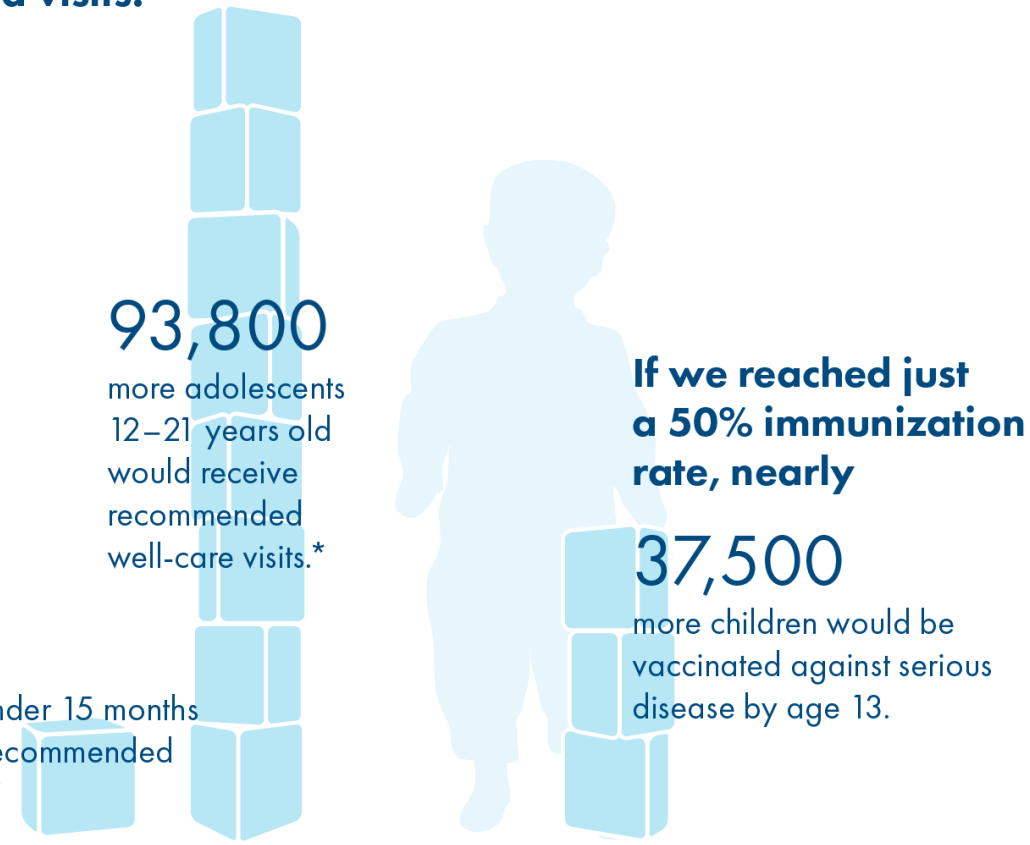
*National 90th percentile is based upon national benchmarks computed by the National Committee for Quality Assurance (NCQA). This reflects the top 10 percent of performance across the nation.*

# Washington State Performance for **Medicaid Insured** as Compared to NCQA National Benchmarks

| National Benchmarks | Measure | State Average | National 90th Percentile |
|---|---|---|---|
| **Above National 90th Percentile** | Staying on antidepressant medication (12 weeks) | 65% | 64% |
| | Staying on antidepressant medication (6 months) | 51% | 49% |
| **Between National 75th and 90th Percentile** | Access to primary care (ages 12–24 months) | 93% | 95% |
| | Avoiding antibiotics for children with upper respiratory infection | 94% | 96% |
| | Avoiding X-ray, MRI and CT scan for low-back pain | 76% | 78% |
| | Statin therapy for patients with cardiovascular disease | 82% | 84% |
| **Between National 50th and 75th Percentile** | Access to primary care (ages 65+) | 88% | 94% |
| | Avoiding antibiotics for adults with acute bronchitis | 33% | 40% |
| | Breast cancer screening | 61% | 70% |
| | Cervical cancer screening | 59% | 71% |
| | Managing medications for people with asthma | 38% | 50% |
| | Spirometry testing to assess and diagnose COPD | 32% | 45% |
| **Between National 25th and 50th Percentile** | Appropriate testing for children with sore throat | 69% | 88% |
| | Blood sugar (HbA1c) testing for people with diabetes | 87% | 93% |
| | Chlamydia screening | 51% | 71% |
| | Eye exam for people with diabetes | 51% | 68% |
| | Kidney disease screening for people with diabetes | 90% | 93% |
| **Below National 25th Percentile** | Access to primary care (ages 12–19 years) | 84% | 96% |
| | Access to primary care (ages 2–6 years) | 79% | 98% |
| | Access to primary care (ages 20–44) | 72% | 87% |
| | Access to primary care (ages 45–64) | 78% | 91% |
| | Access to primary care (ages 7–11 years) | 83% | 93% |
| | Adolescent well-care visits | 38% | 68% |
| | Follow-Up Care for Children Prescribed ADHD Medication (30 days) | 38% | 57% |
| | Follow-Up Care for Children Prescribed ADHD Medication (9 months) | 45% | 69% |
| | Monitoring patients on high-blood pressure medications | 85% | 93% |
| | Well-child visits (ages 3–6 years) | 62% | 83% |
| | Well-child visits (in the first 15 months) | 43% | 72% |

*National 90th percentile is based upon national benchmarks computed by the National Committee for Quality Assurance (NCQA). This reflects the top 10 percent of performance across the nation.*

## If Washington were in the top 10 percent nationally for well-child visits:



**93,800**
more adolescents 12–21 years old would receive recommended well-care visits.*

**12,300**
more children under 15 months would receive recommended well-child visits.*

**If we reached just a 50% immunization rate, nearly**

**37,500**
more children would be vaccinated against serious disease by age 13.

*These are estimates based on the commercially and Medicaid insured lives in the Alliance's database for this measurement period. Actual statewide numbers will be higher.

# How to Take Better Care of the State's Children

## TAKING ACTION

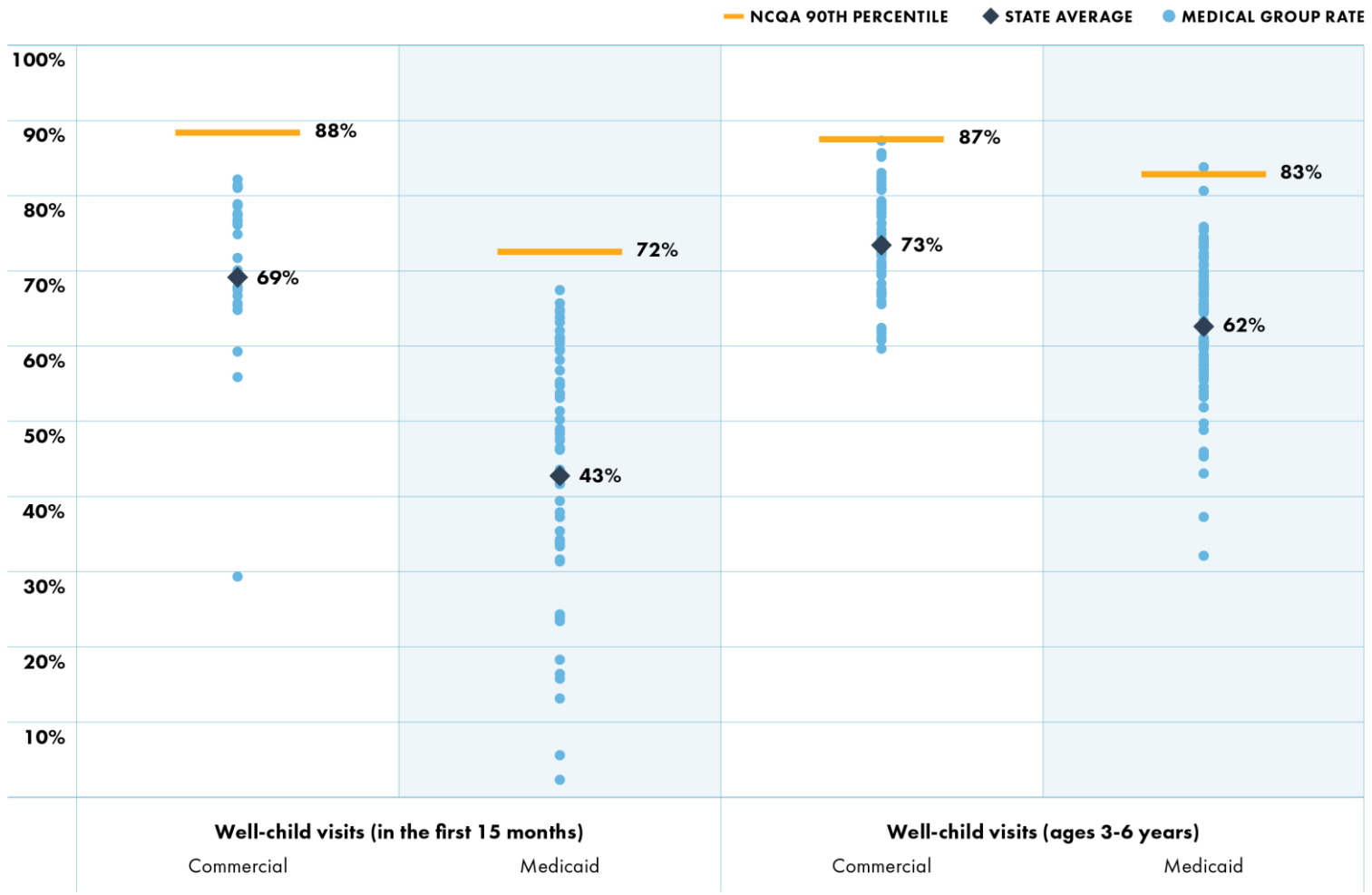
**For purchasers:** Strongly encourage employees to make sure their children are having their well-child visits. These visits are a key component of improving overall health and controlling future health conditions and costs.

**For providers:** Providers should work within their communities to understand and break down social risk factors that may interfere with parents getting their kids in for well-child care.

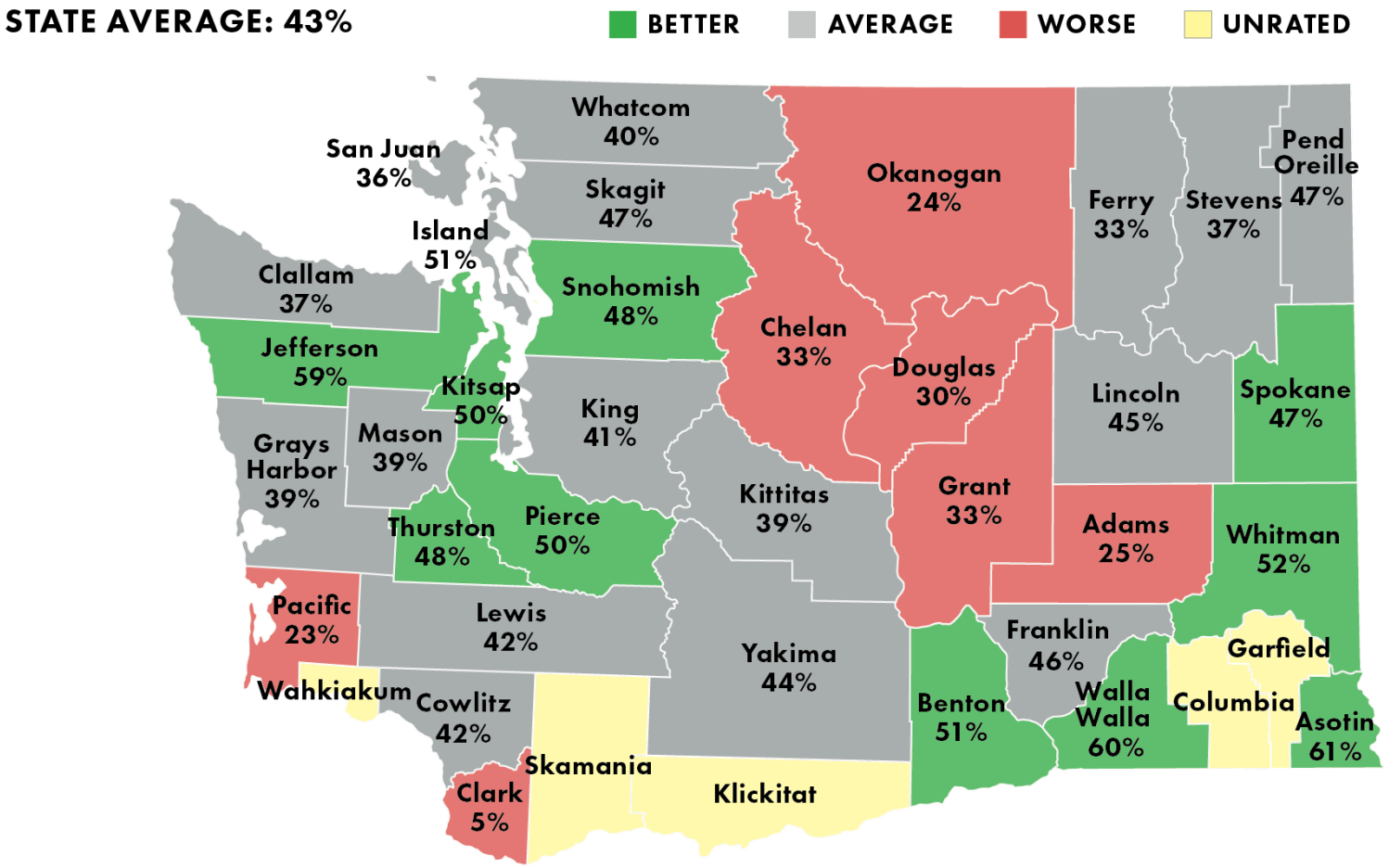
**For parents:** Make well-child visits a priority and automate the process as much as possible. Set reminders on your calendar, schedule visits well in advance, and remember that these visits are in your child's best interest.

**For plans:** Use health insurance claims information to identify gaps in care and proactively reach out to members who have children who have not received recommended well-child visits and vaccinations.

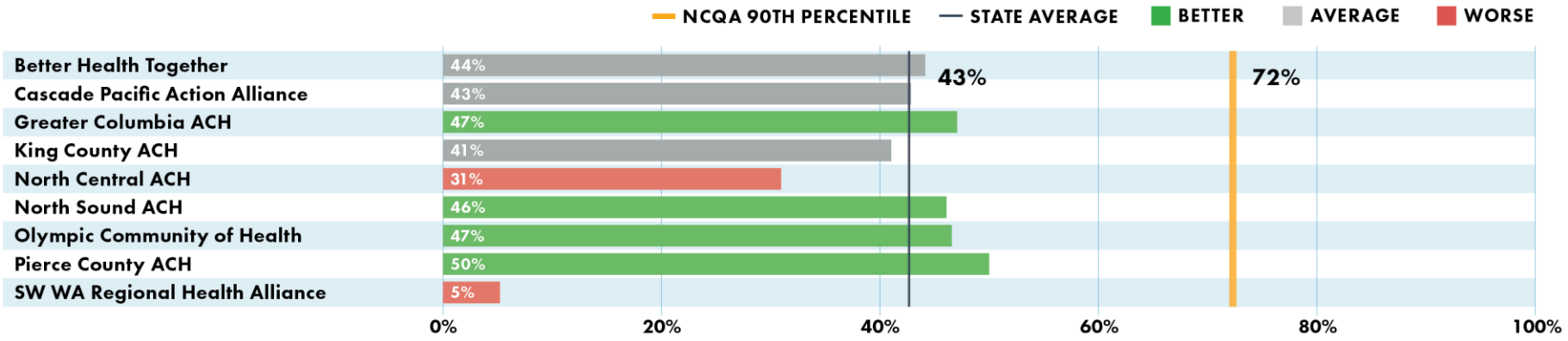
# Variation among **Medical Groups** for Well-Child Visits



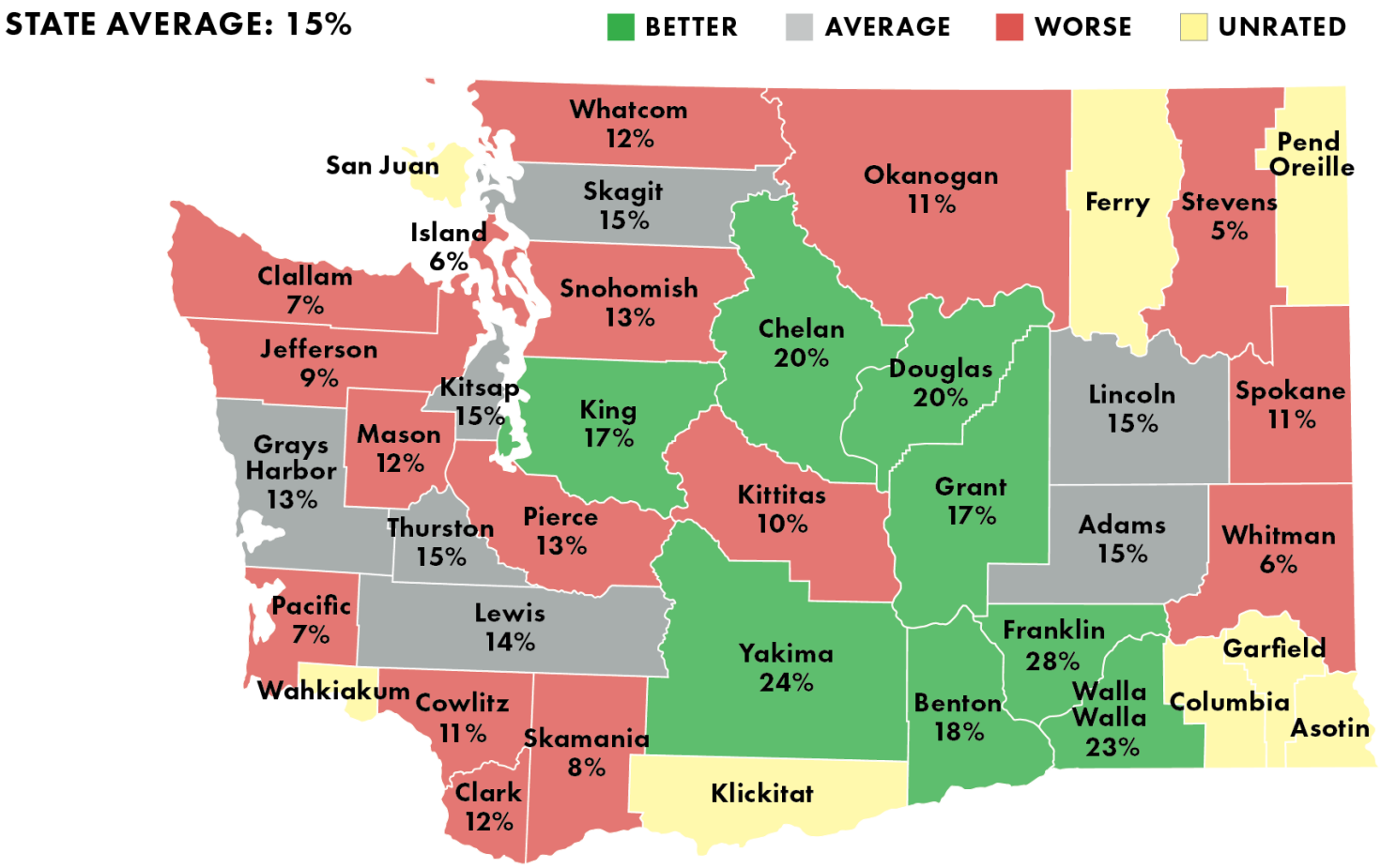
# Variation among **Counties** for Well-Child Visits (in the first 15 months) for **Medicaid Insured**



# Variation among **Accountable Communities of Health** for Well-Child Visits (in the first 15 months) for **Medicaid Insured**



# Variation among **Counties** for Immunization by Age 13

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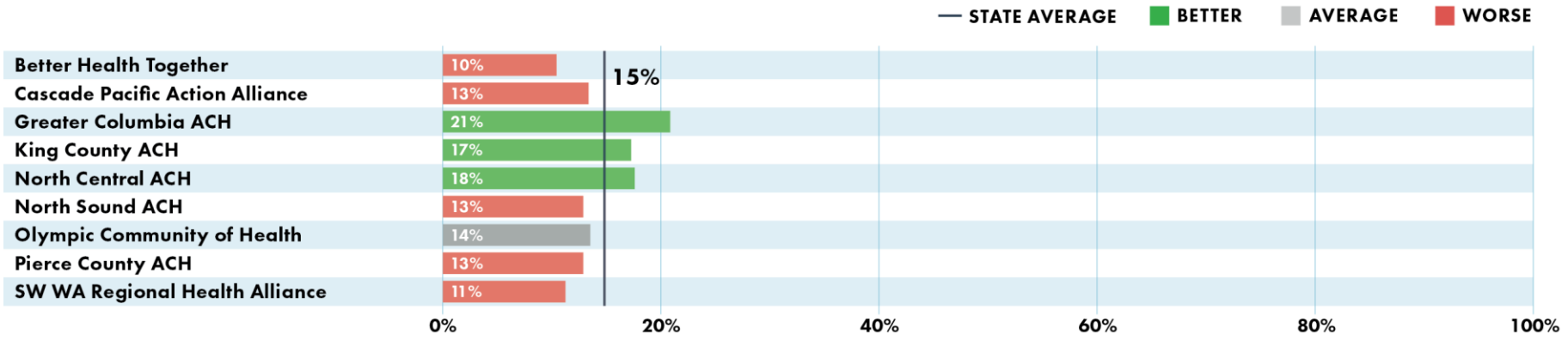
# Variation among **Accountable Communities of Health** for Immunization by Age 13

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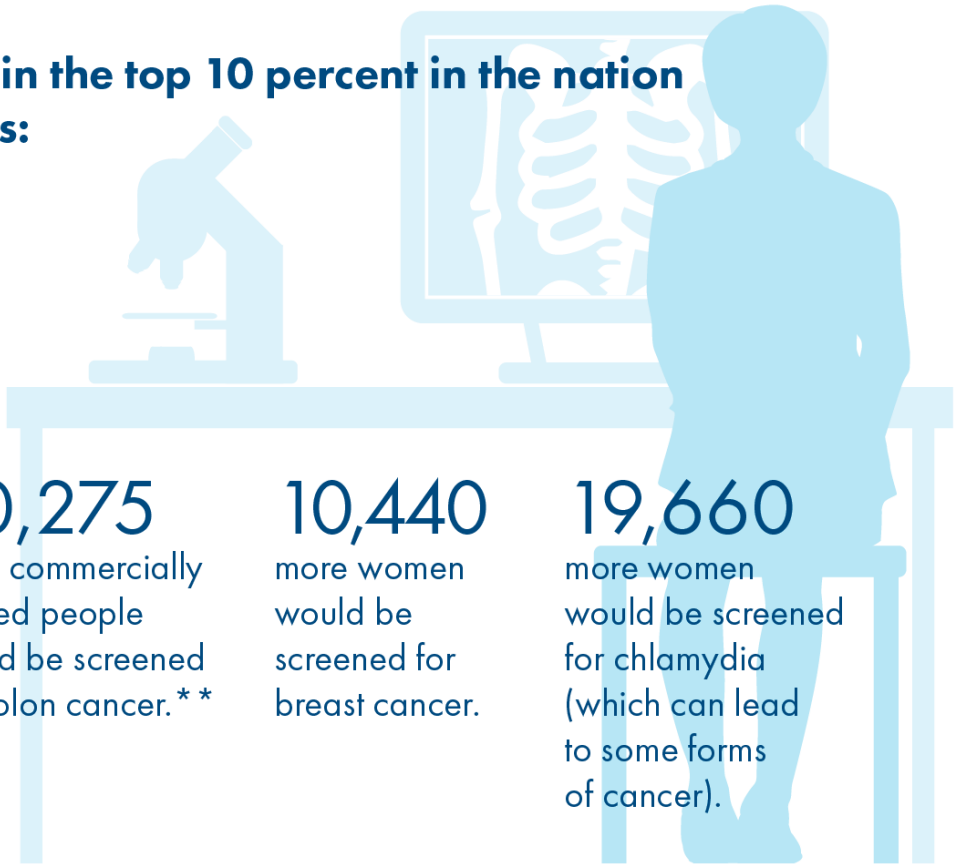
## If Washington were in the top 10 percent in the nation for cancer screenings:



**47,700**
more women would be screened for cervical cancer.

**30,275**
more commercially insured people would be screened for colon cancer.**

**10,440**
more women would be screened for breast cancer.

**19,660**
more women would be screened for chlamydia (which can lead to some forms of cancer).

*These are estimates based on the commercially and Medicaid insured lives in the Alliance's database for this measurement period. Actual statewide numbers will be higher.

**National 90th percentile benchmark not available for Medicaid.

# How to Get Ahead of the Curve by Screening to Save Lives and Reduce Morbidity

## TAKING ACTION

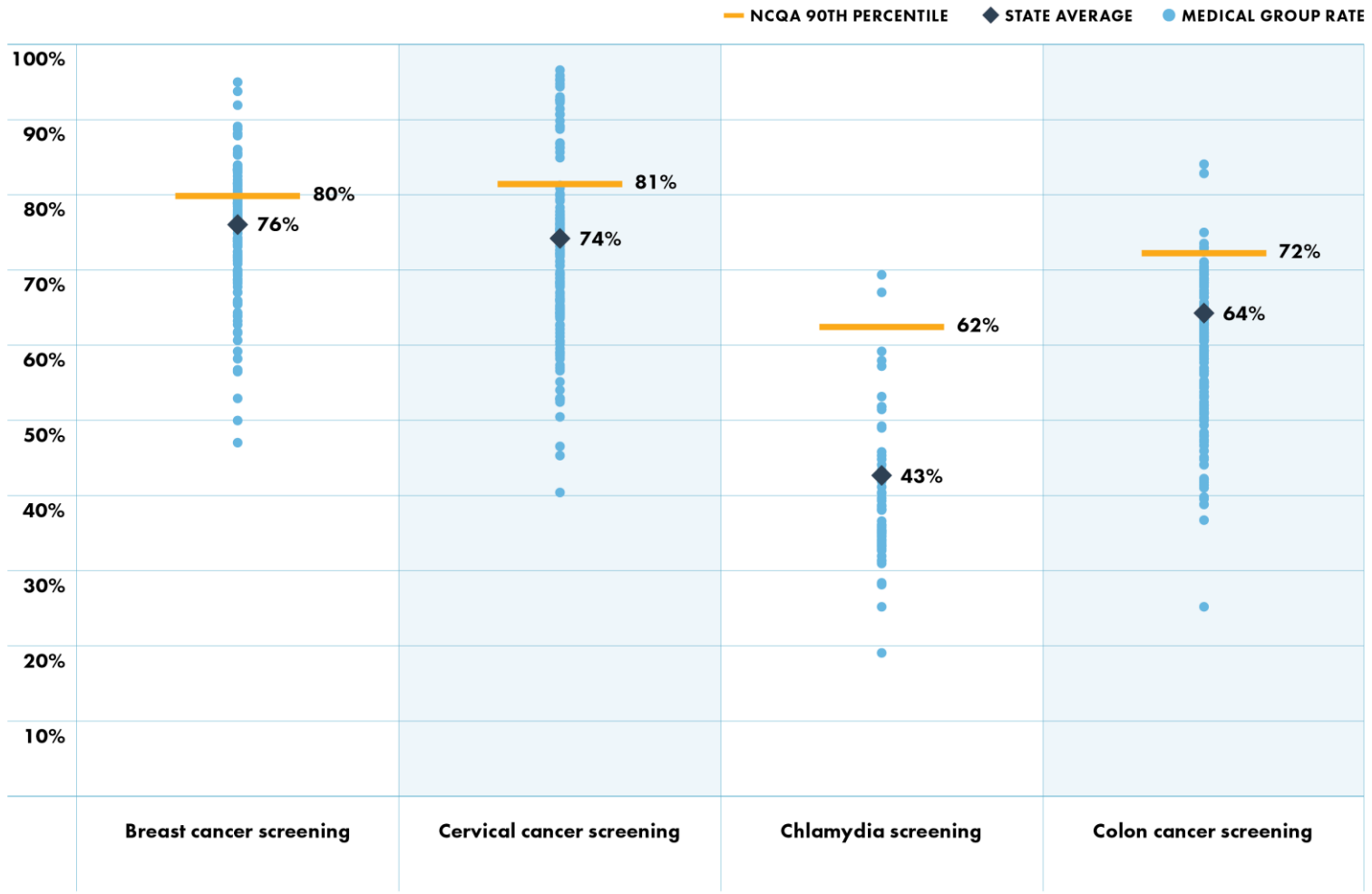
**For purchasers:** Consider reducing or eliminating co-pays for health screenings proven to help identify and treat conditions in early stages and actively promote these screenings to your employees.

**For providers:** Make a concerted effort to talk with your patients about the importance of getting screened and being on the lookout for symptoms. Additionally, have a system in place that tracks whether your patients are receiving recommended screening at the appropriate intervals and that enables you to reach out to patients within recommended age ranges who have not been screened.

**For patients:** Learn about the symptoms and warning signs associated with different diseases. Talk to your doctor if you have concerns or are in an age group recommended for screening. Follow through and take responsibility for getting all of your recommended screenings.

**For plans:** Fully cover the cost of preventive screenings and consider wellness rewards that offer an incentive for members to be screened.

# Variation among **Medical Groups** for Cancer Screenings for **Commercially Insured**

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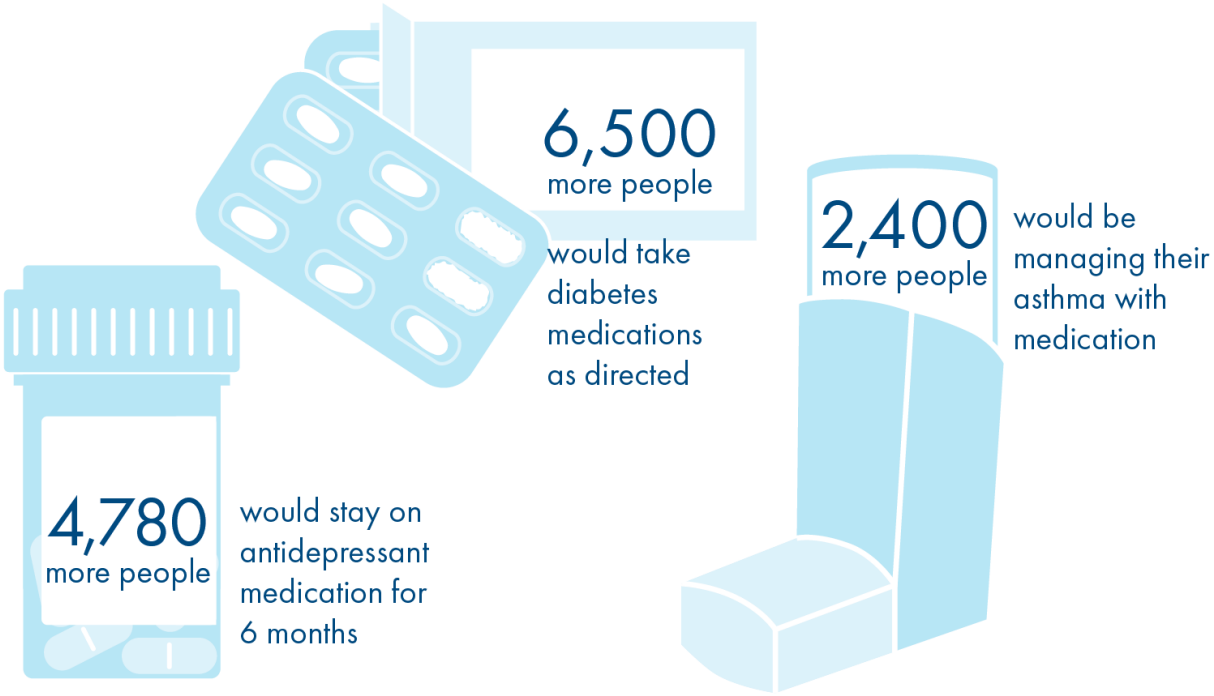
**If we achieved a 10-percentage point improvement for three key measures, significantly more Washingtonians would have improved health.**




*These are estimates based on the commercially and Medicaid insured lives in the Alliance's database for this measurement period. Actual statewide numbers will be higher.

# How to Improve Outcomes for People with Chronic Disease by Managing Medications and Adherence

## TAKING ACTION

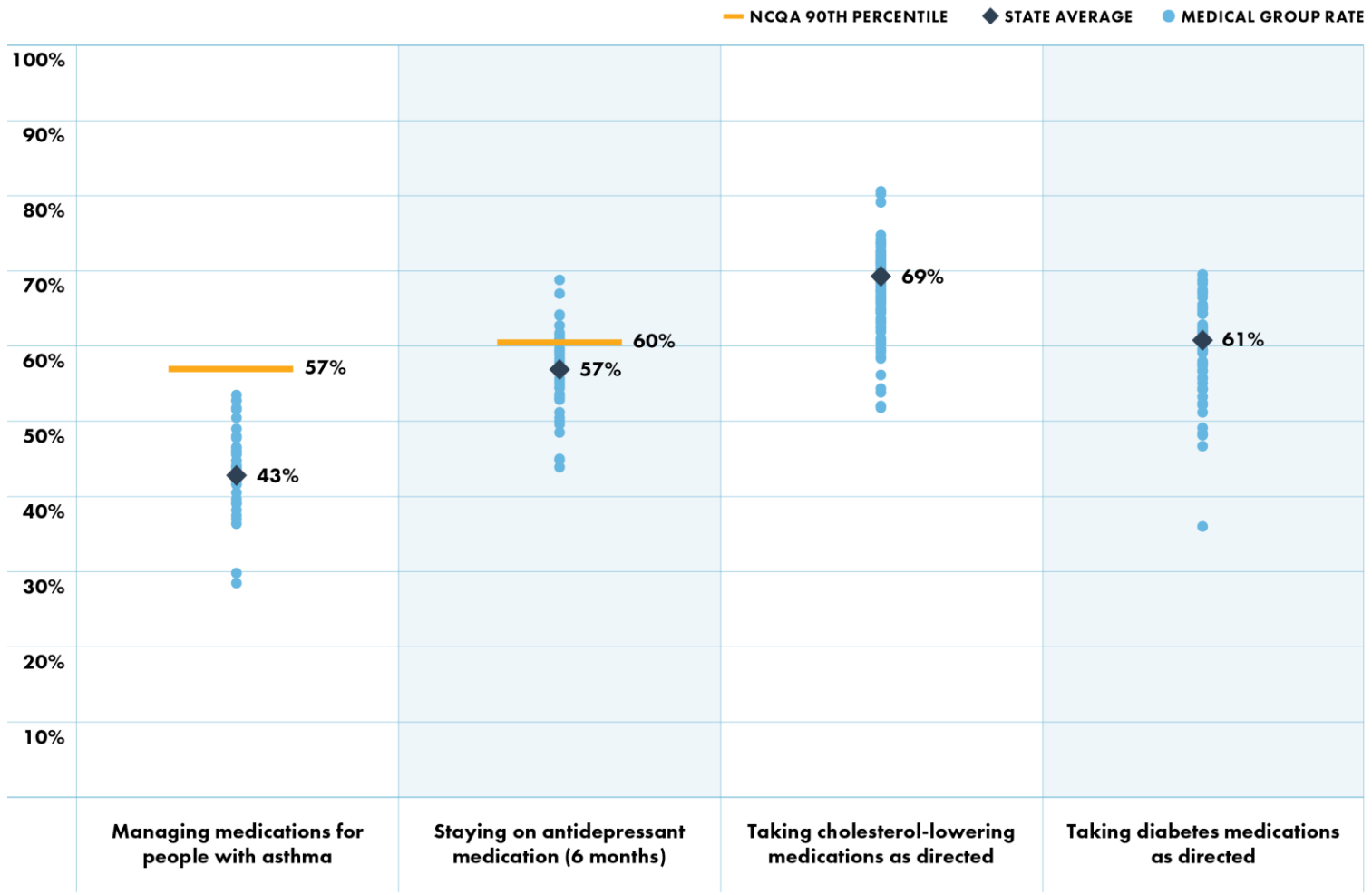
**For purchasers:** Make sure cost is not a barrier. Value-based insurance design may encourage adherence by reducing or eliminating copayments and deductibles for drugs with proven benefits.

**For providers:** Routinely review all medications your patients take and monitor how well medications are working for your patients to ensure they get the maximum benefit. Emphasize the importance of adhering to their prescribed medications, and encourage them to talk to you if they have any questions or concerns.

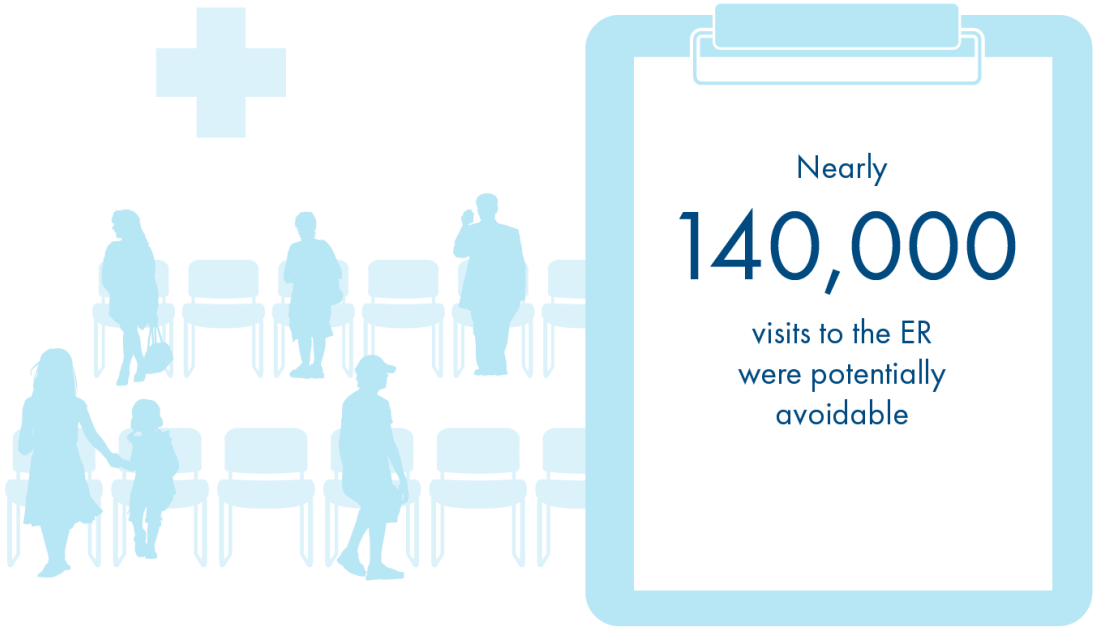
**For patients:** Get all the information about your medication from your doctor or pharmacist. Continue your treatment plan for as long as it is prescribed, even if you are feeling better. Don't stop taking your medication or change how often or how much you take without first talking with your doctor.

**For plans:** Make sure the cost of medications is not a barrier. Align payment incentives to reward good outcomes by way of improved adherence.

# Variation among **Medical Groups** for Medication Management for **Commercially Insured**



## Overuse of the ER in Washington




*These are estimates based on the commercially and Medicaid insured lives in the Alliance's database for this measurement period. Actual statewide numbers will be higher.

# How to Reduce Potentially Avoidable ER Visits

## TAKING ACTION

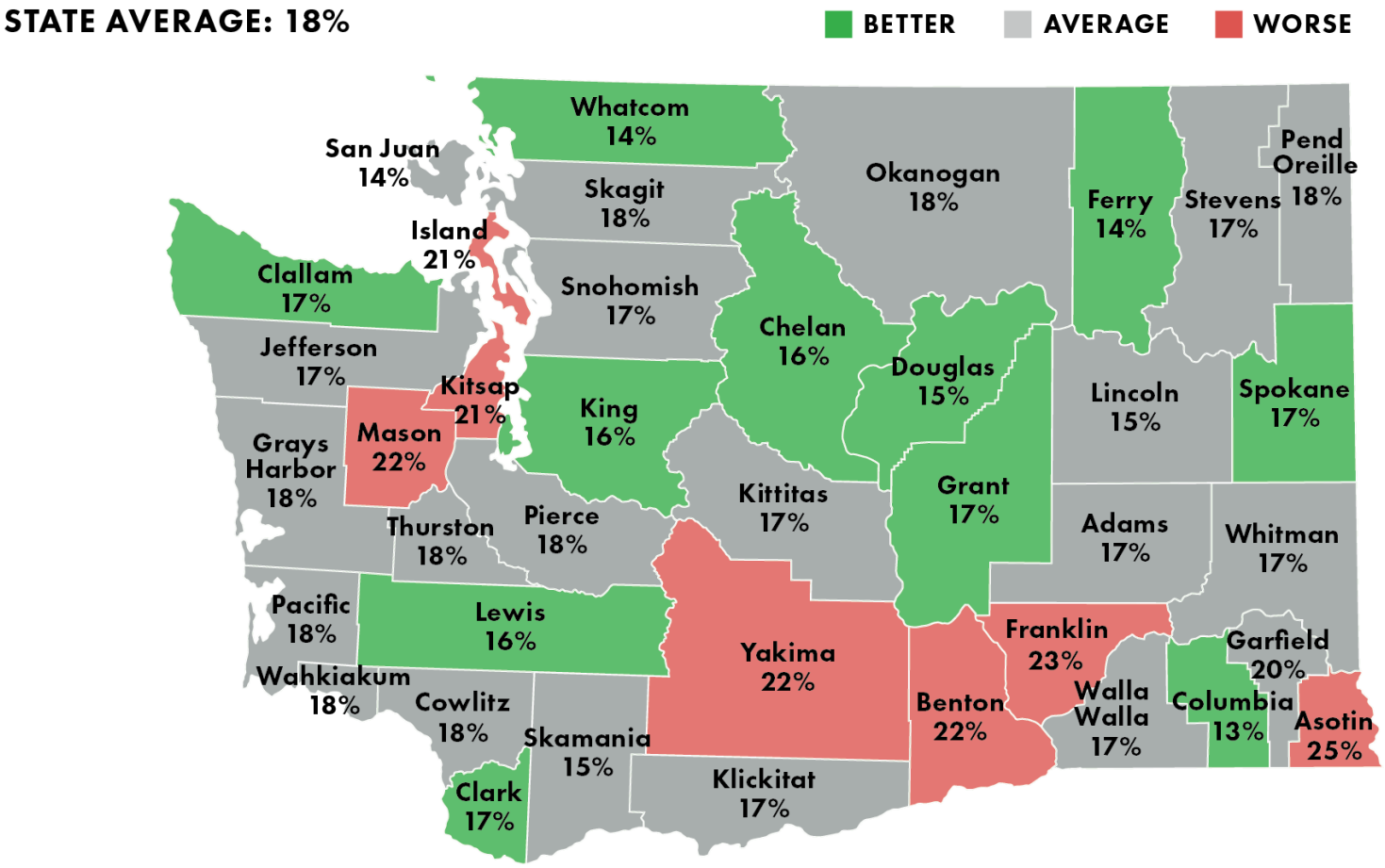
**For purchasers:** Provide your employees with objective information about the appropriate place for care and about the increased costs and risks of an ER visit. Align benefit designs to encourage employees to seek care outside of the ER for non-emergency problems.

**For providers:** Educate patients about when it's appropriate for them to visit the ER—and when it's not. Offer timely appointments that reduce the need for patients to turn to the ER when they have an urgent health issue. Triage patients when they arrive at the ER and redirect them to urgent care or primary care if the ER setting is not necessary to treat their problem.

**For patients:** Establish a relationship with a primary care provider who knows your medical history and who you are comfortable turning to for help. In addition, understand the costs and risks that come with being treated in the ER.

**For plans:** Use financial incentives to promote visits to primary care or urgent care rather than the ER.

# Variation among **Counties** for Potentially Avoidable ER Visits for **Medicaid Insured**

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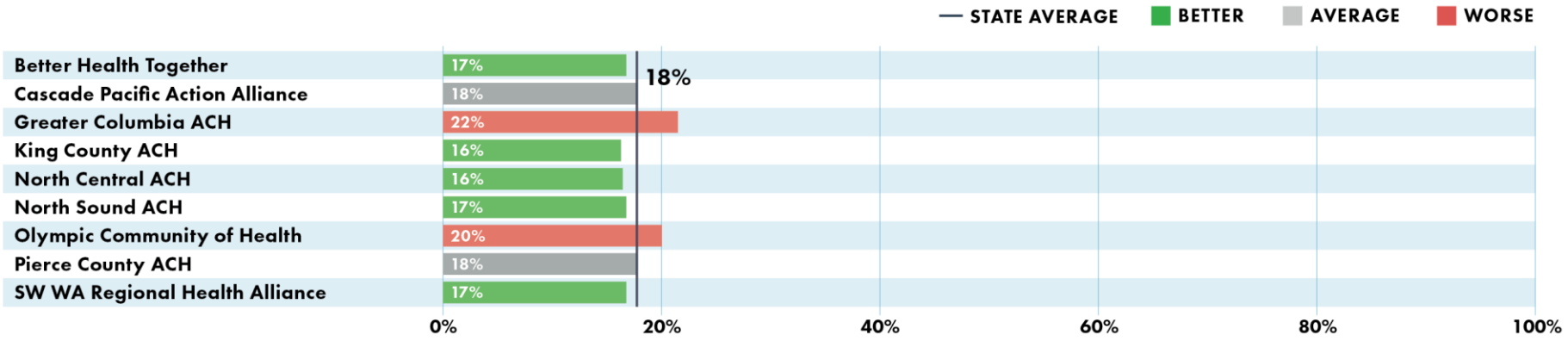
# Variation among **Accountable Communities of Health** for Potentially Avoidable ER Visits for **Medicaid Insured**

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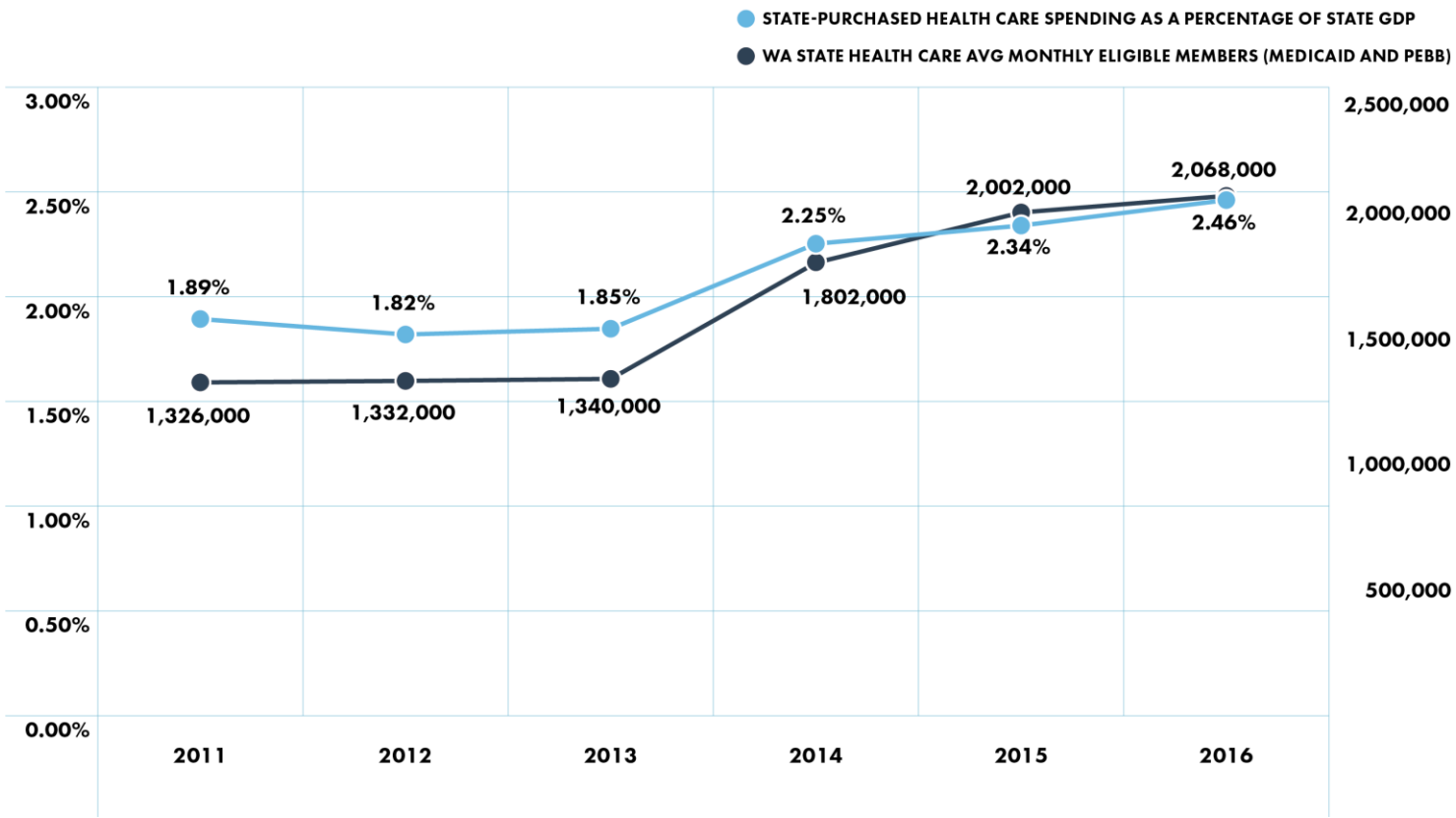
# Health Care Spending Relative to the Washington State Gross Domestic Product, 2011–2016 (Current Dollars)

| | WA State-Purchased Health Care Annual Spending (includes Medicaid and PEBB) | | WA State Health Care Avg Monthly Eligible Members (Medicaid and PEBB) | | WA State GDP | | State-Purchased Health Care Spending as a Percentage of State GDP | |
|---|---|---|---|---|---|---|---|---|
| **2011** | $7,009,852,000 | | 1,326,000 | | $370,149,000,000 | | 1.89% | |
| **2012** | $7,078,265,000 | 1% change | 1,332,000 | 0% change | $388,922,000,000 | 5% change | 1.82% | -4% change |
| **2013** | $7,492,119,000 | 6% change | 1,340,000 | 1% change | $405,561,000,000 | 4% change | 1.85% | 2% change |
| **2014** | $9,578,331,000 | 28% change | 1,802,000 | 34% change | $425,105,000,000 | 5% change | 2.25% | 22% change |
| **2015** | $10,445,095,000 | 7% change | 2,002,000 | 11% change | $446,417,000,000 | 5% change | 2.34% | 4% change |
| **2016** | $11,562,732,000 | 11% change | 2,068,000 | 3% change | $469,739,000,000 | 5% change | 2.46% | 5% change |

Sources: WA State GDP from the U.S. Bureau of Economic Analysis—GDP by State in current dollars; Medicaid Expenditures—February 2017 Forecast; Medicaid Administrative Expenditures—CMS 64; LTSS, SUD, and MH Expenditures based on Agency Financial Reporting System (AFRS) data; Medicaid Expenditures include medical, dental, vision, pharmacy, long-term support services, mental health, and substance use disorder expenditures; and excludes Part D Clawback and pass-through payments.

Changes in 2016 reporting include the use of AFRS data instead of the DSHS medical forecasts and budgets to calculate LTSS, SUD, and MH Expenditures.

# Washington State-Purchased Health Care Spending as a Percentage of State GDP and Total Average Monthly Eligible Members for State-Purchased Health Care

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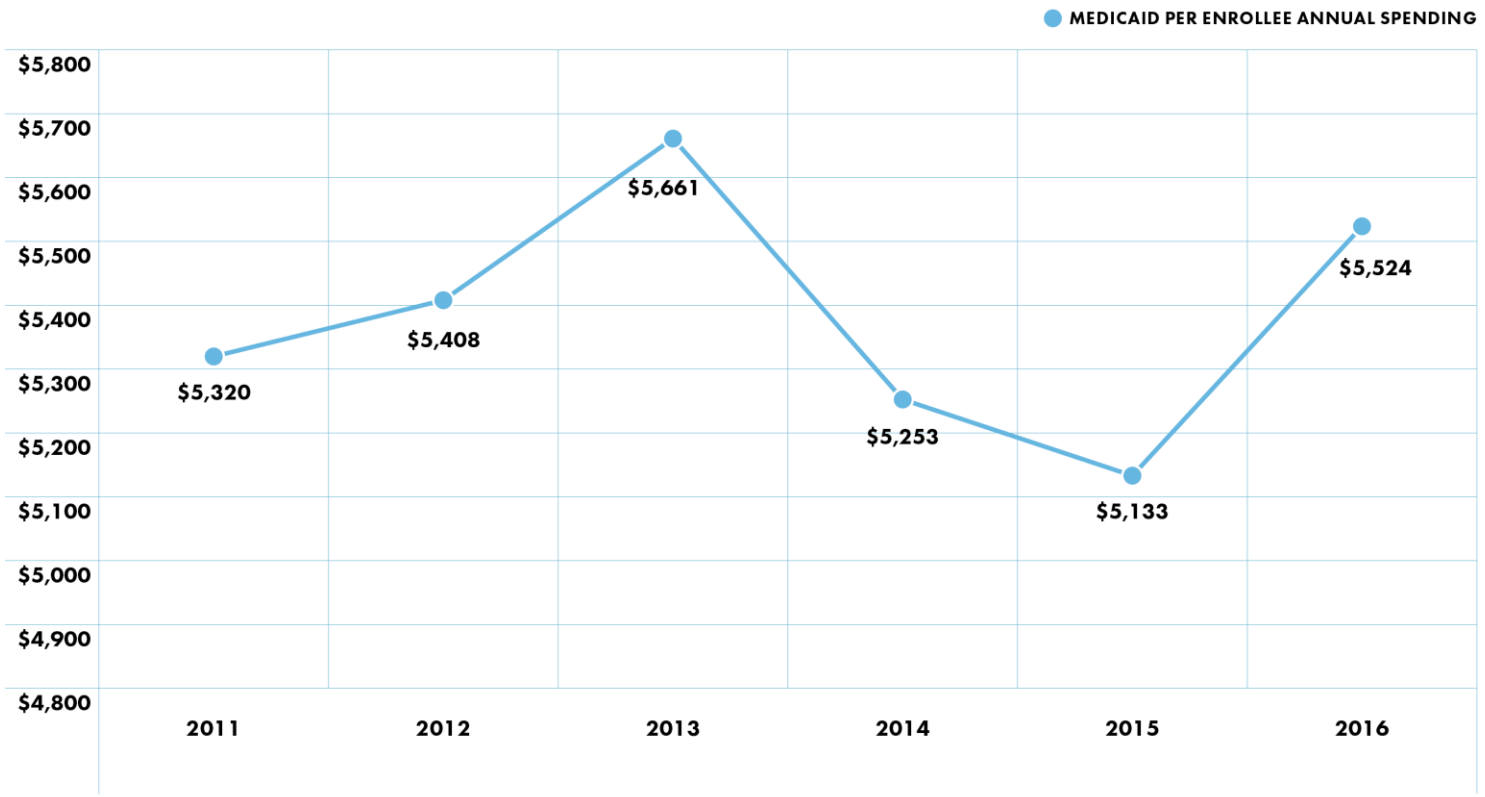
# Medicaid Per Enrollee Spending in Washington State, 2011–2016

| | Medicaid Expenditures | | Medicaid Average Member Enrollment | | Medicaid per Enrollee Annual Spending | |
|---|---|---|---|---|---|---|
| **2011** | $5,600,272,000 | | 1,053,000 | | $5,320 | |
| **2012** | $5,752,042,000 | 3% change | 1,064,000 | 1% change | $5,408 | 2% change |
| **2013** | $6,059,680,000 | 5% change | 1,070,000 | 1% change | $5,661 | 5% change |
| **2014** | $8,033,814,000 | 33% change | 1,530,000 | 43% change | $5,253 | -7% change |
| **2015** | $8,876,758,000 | 10% change | 1,729,000 | 13% change | $5,133 | -2% change |
| **2016** | $9,900,068,000 | 12% change | 1,792,000 | 4% change | $5,524 | 8% change |

Source: Medicaid Expenditures—October 2016 Forecast; Medicaid Administrative Expenditures—CMS 64; LTSS, SUD, and MH Expenditures based on AFRS data; Medicaid expenditures include medical, dental, vision, pharmacy, long-term support services, mental health, and substance use disorder expenditures; and excludes Part D Clawback and pass-through payments.

Changes in 2016 reporting include the use of AFRS data instead of the DSHS medical forecasts and budgets to calculate LTSS, SUD, and MH Expenditures.

# Medicaid per Enrollee Annual Spending, 2011–2016



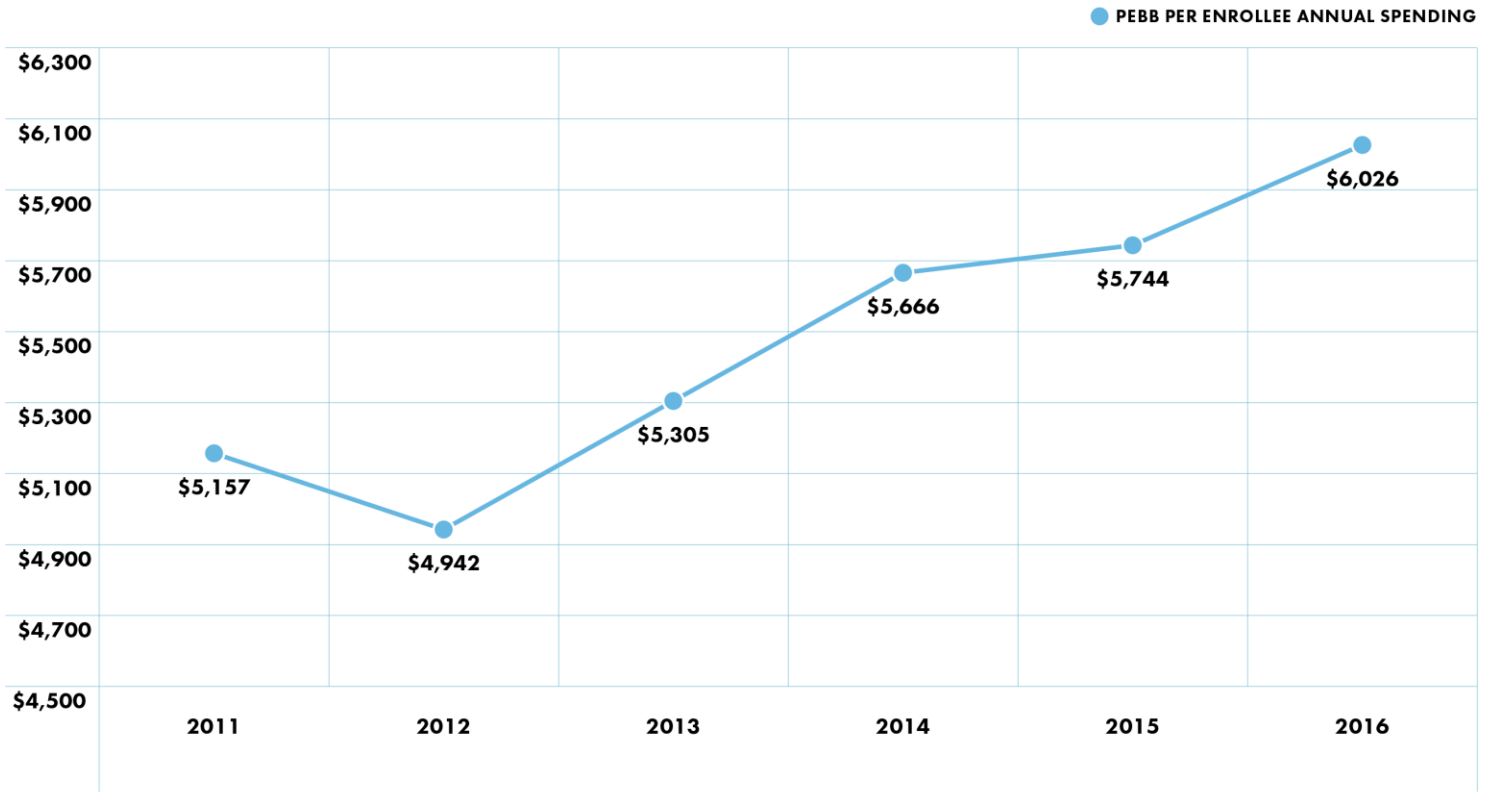
# PEBB Per Enrollee Spending in Washington State, 2011–2016

| | PEBB Expenditures | | PEBB Average Member Enrollment | | PEBB per Enrollee Annual Spending | |
|---|---|---|---|---|---|---|
| **2011** | $ 1,409,579,000 | | 273,000 | | $5,157 | |
| **2012** | $ 1,326,224,000 | -6% change | 268,000 | -2% change | $4,942 | -4% change |
| **2013** | $ 1,432,440,000 | 8% change | 270,000 | 1% change | $5,305 | 7% change |
| **2014** | $ 1,544,517,000 | 8% change | 273,000 | 1% change | $5,666 | 7% change |
| **2015** | $ 1,568,336,000 | 2% change | 273,000 | 0% change | $5,744 | 1% change |
| **2016** | $ 1,662,665,000 | 6% change | 276,000 | 1% change | $6,026 | 5% change |

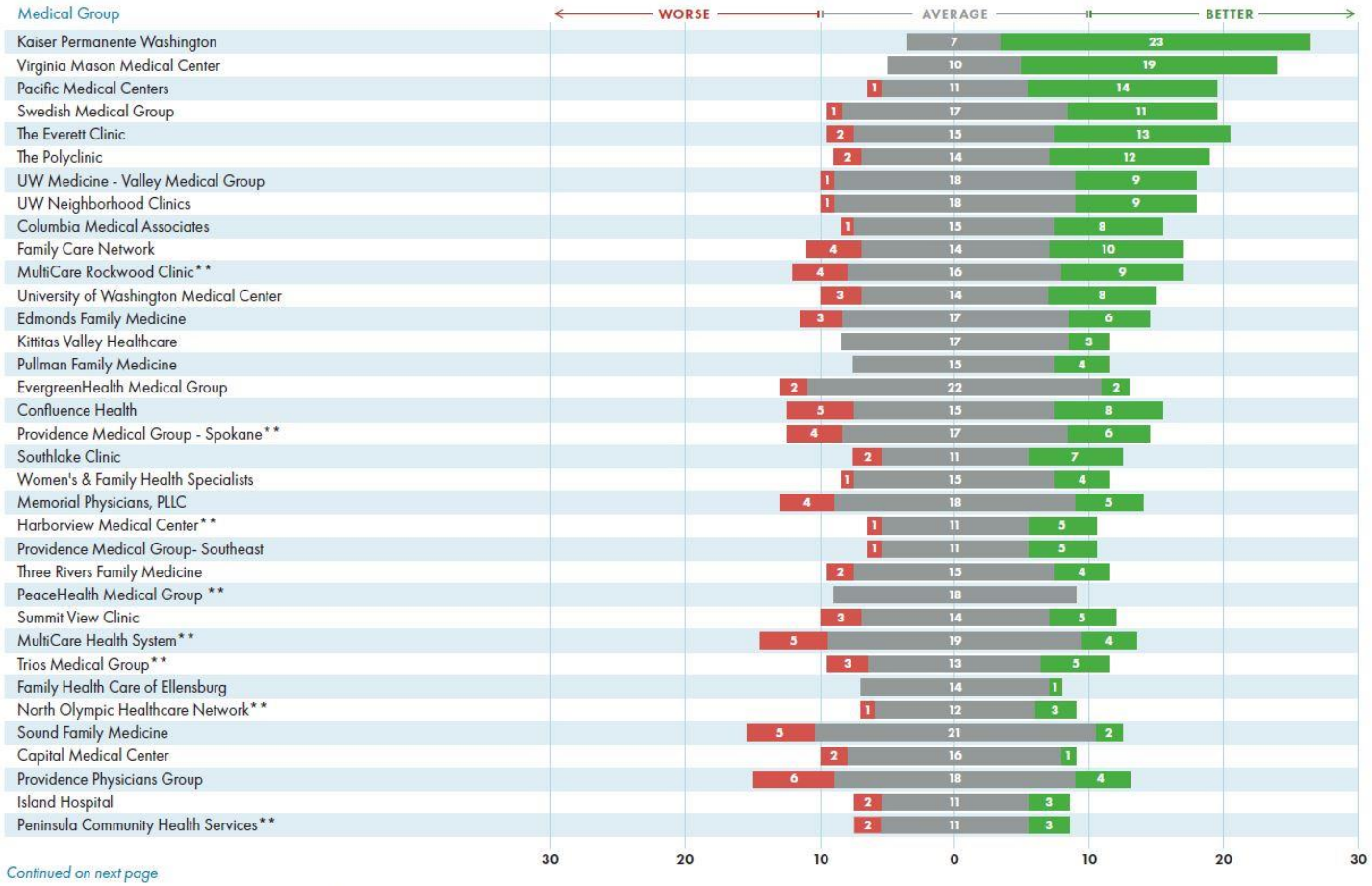
Source: Calendar years 2011–2013, Milliman PFPM 8.0 (10/15/2015); Calendar years 2014–2015, Milliman PFPM 3.0 (5/11/2016); Calendar year 2016, Milliman PFPM 6.0, 20170214, Exhibit 4a.

Non-Medicare expenditures includes medical, dental and vision. Excludes life insurance and long-term disability.

# PEBB per Enrollee Annual Spending, 2011–2016



# Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have Results for **15 or More** Measures (part 1)

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** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

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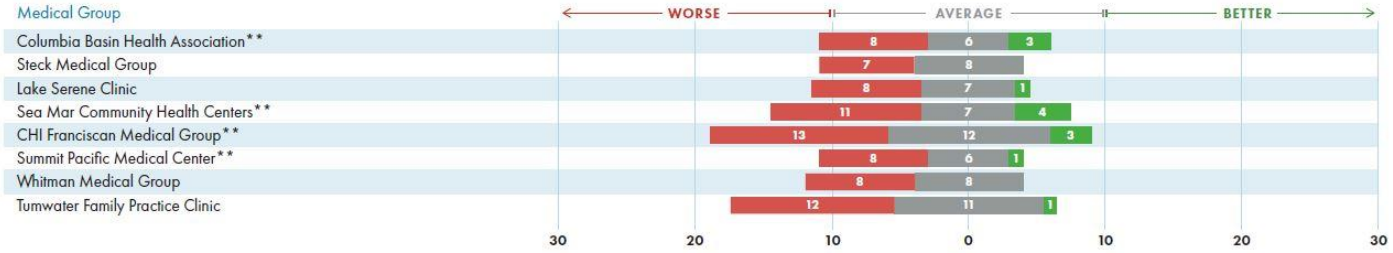
# Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have Results for **15 or More** Measures (part 2)


*Continued on next page*

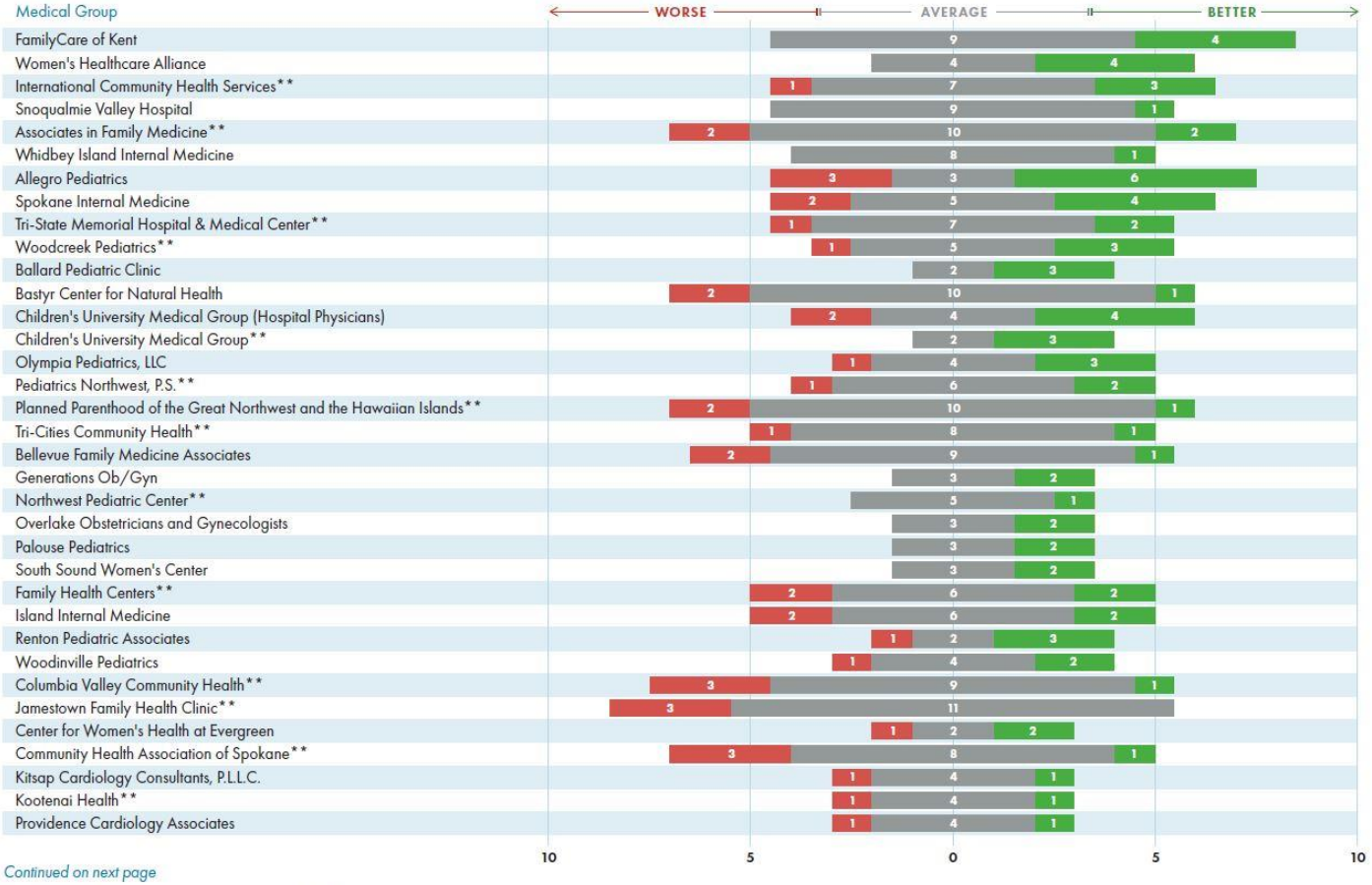
** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

# Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have Results for **15 or More** Measures (part 3)




** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

# Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have Results for **Between 5 and 14 Measures** (part 1)

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** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

# Ranking Medical Group Performance for **Commercially Insured**: Medical Groups That Have Results for **Between 5 and 14 Measures** (part 2)


** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

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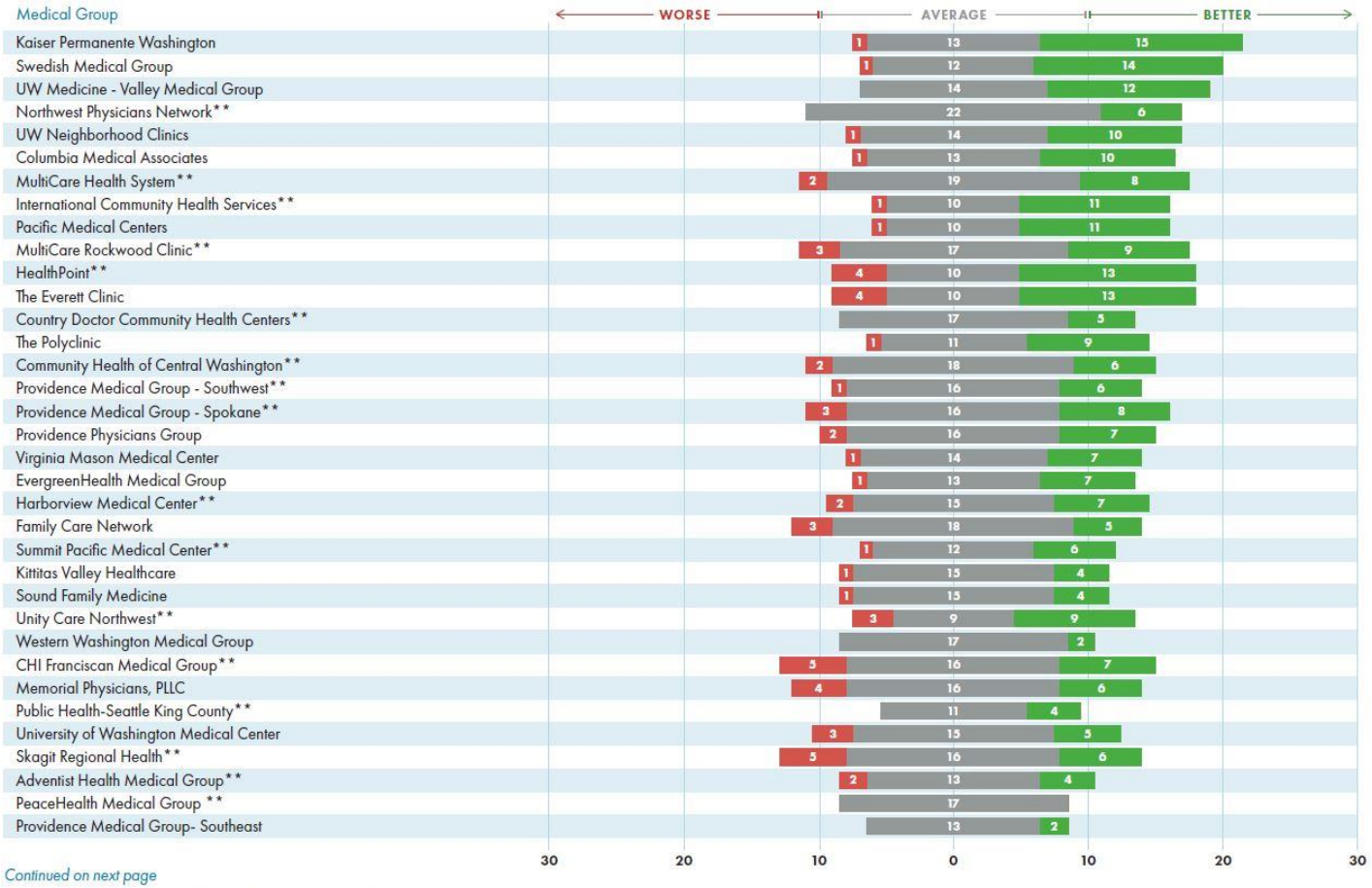
# Ranking Medical Group Performance for **Medicaid Insured**: Medical Groups That Have Results for **15 or More** Measures (part 1)

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** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

# Ranking Medical Group Performance for **Medicaid Insured**: Medical Groups That Have Results for **15 or More** Measures (part 2)


** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

# Ranking Medical Group Performance for **Medicaid Insured**: Medical Groups That Have Results for **Between 5 and 14 Measures** (part 1)


*Continued on next page*

** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

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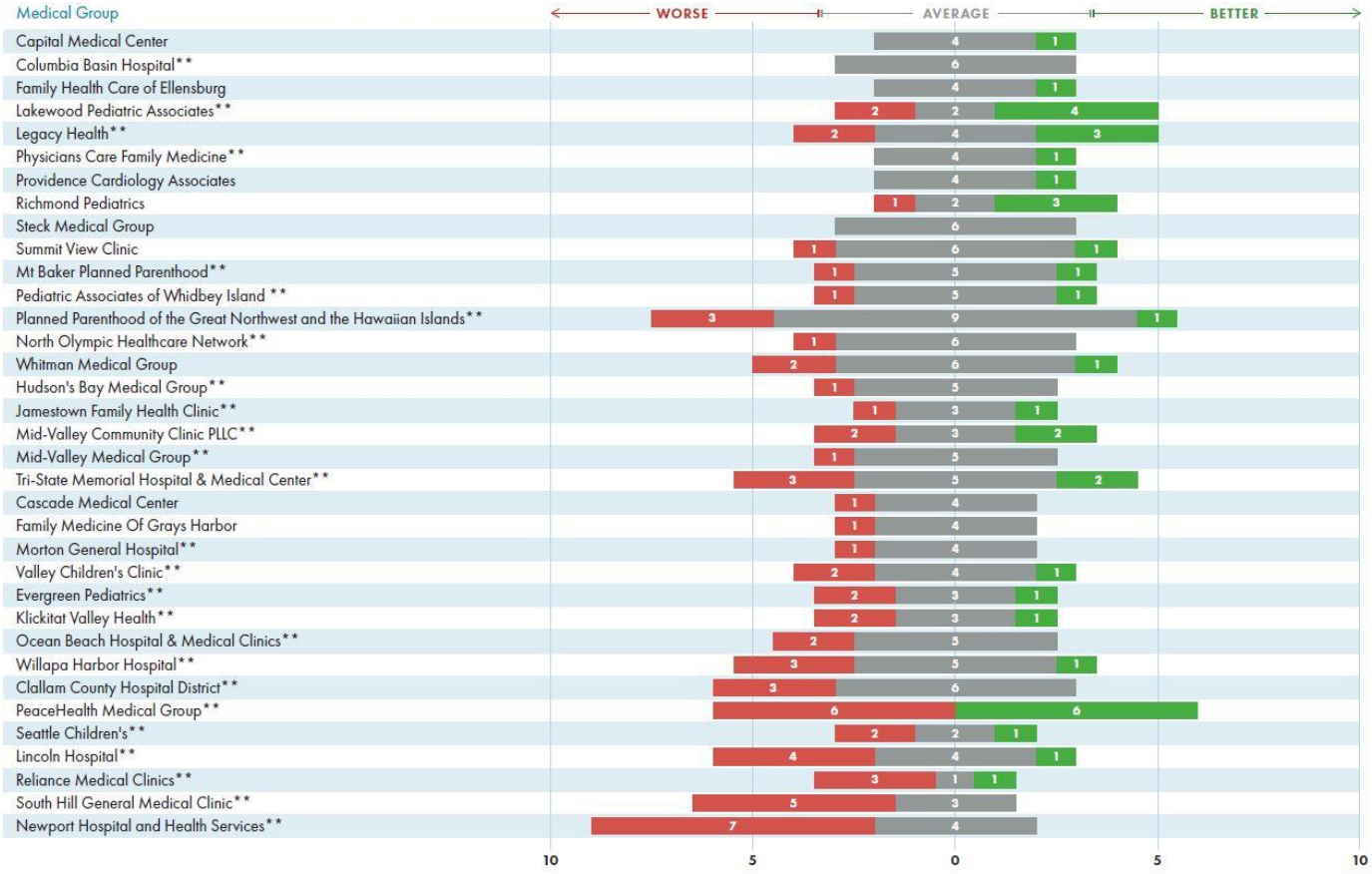
# Ranking Medical Group Performance for **Medicaid Insured**: Medical Groups That Have Results for **Between 5 and 14 Measures** (part 2)




** At least 50% of patients attributed to this medical group have Medicaid coverage.
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2016 and the measurement year of 7/1/2015–6/30/2016.

Healthier WASHINGTON

Powered by: COMMUNITY CHECKUP

# Rules of Use

The Washington Alliance encourages broad and appropriate use of the results to engage purchasers, health plans, doctors, nurses, clinics and patients in conversations about quality, and to set goals and target resources. Optimal use of the Community Checkup results fall into three general areas:

- Drive quality improvement
- Promote consumer health and informed decision-making
- Structure programs to reward value in the delivery of health care

Examples of optimal uses that drive quality improvement, promote consumer engagement and reward value might include: ensuring that health benefits cover and promote needed services or approaches measured in the Community Checkup report; using the results during contract negotiations to recognize or encourage improvement; or, aligning provider reimbursement to reward actions that promote wellness and effectively manage chronic conditions.

- **Questions?** Send us an email at: contactus@wahealthalliance.org