



2018 COMMUNITY CHECKUP REPORT

# Improving Health Care in Washington State

[www.WACommunityCheckup.org](http://www.WACommunityCheckup.org)





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## A Letter to the Community from the Washington Health Alliance and the Washington State Health Care Authority

December 2018

Dear Community Member:

We are on a journey. The destination? A healthier population in our state.

We have been traveling this path for some time, and there are quite a few of us making the trip together, including providers, employers and union trusts, health insurers, Accountable Communities of Health, government agencies, and other health care organizations in Washington state.

The Washington Health Alliance (Alliance) and the Washington State Health Care Authority (HCA) have been traveling this road in close partnership for many years now, collaborating to improve the quality of health care for – and ultimately the health of – the citizens of Washington.

Like most road trips, there is more than one route we can take to get there. We see data as a key element in building the foundation for paving the road to change. But we know that data alone does not change behavior. Translating data to action requires multi-stakeholder engagement and mutual accountability. It takes trust, dialogue, and tenacity.

We also know that we can't get to our final destination without a map or a guide. For us, an important roadmap is the Statewide Common Measure Set on Health Care Quality and Cost. By using measures from the Common Measure Set to drive toward quality and value in purchasing contracts, Washington state can focus its improvement efforts, compare its performance to national benchmarks, and lessen the administrative burden on providers. In other words, by aligning around the same measures and using a common, single data source for measurement, we can get everyone traveling together along the same, well-marked route toward our destination.

This year marks the fourth time the Alliance has reported on the Statewide Common Measure Set as part of its Community Checkup report – a report that was initially launched in 2008. And what we have found, as in previous years, is there is still tremendous variation in performance and much more we can do as a state to use the report's evaluation of our progress on important quality measures to propel improvement.

The HCA is showing us the way and spurring action by incorporating measures from the Statewide Common Measure Set into its value-based purchasing (VBP)

on behalf of state employees and the Medicaid-insured population. We strongly encourage others to do the same. Specifically, four measures are included in all Washington state VBP contracts:

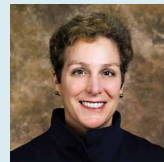
- Antidepressant medication management
- Childhood immunization status
- Diabetic blood pressure control
- Diabetes A1c control

Additionally, medication management for people with asthma, and well-child visits for children ages three to six are included in Managed Care VBP contracts.

We have the talent in our state to make dramatic progress and to be a role model for the nation. It's time we fasten our seatbelts, put our foot on the gas pedal and do all we can to accelerate our efforts to make true progress on the journey to improving health care value for everyone.

We are indebted to the business and health care leaders in this state who collaborate with each other and with us on this challenging and often seemingly slow journey to improvement. We hope that the information provided in this year's Community Checkup will help each of us involved in these efforts identify action steps necessary to truly transform health and health care in Washington state and the nation.

Sincerely,



**Nancy A. Giunto**  
Executive Director,  
Washington  
Health Alliance



**Susan E. Birch,**  
**MBA, BSN, RN**  
Director,  
Washington State  
Health Care Authority





## Introduction

# On the Road to Better Care



*“The Alliance has been an incredible advocate for quality and value in health care, and taken on impressive projects to increase transparency, and arm patients, employers, and health care providers*

*across Washington state with information they can use to improve patients’ care. The Alliance’s work shows exactly why transparency is such an important tool for patients, providers, and governments looking to lower health care costs and increase value, efficiency, and quality.”*

**– Senator Patty Murray**

This is the 12th edition of the Washington Health Alliance’s Community Checkup, an annual report to the community highlighting health care quality in Washington state. The Alliance uses its All-Payer Claims Database (APCD) – including information for approximately 4 million insured lives in our state – to produce results. In addition, the Alliance has effectively partnered for years with multiple organizations such as the Washington State Hospital Association and state agencies such as the Department of Health and the Department of Social and Health Services to draw results from other trusted databases. We include all of these results in one place, the Community Checkup, to enhance transparency and to provide an easy tool for decision-makers to find the information they need. For more than a decade providers, purchasers, payers and patients have looked to the Washington Health Alliance’s Community Checkup as a source of objective, trustworthy information.

You may have noticed that this year’s printed report has a sleeker look and smaller size. Since results are available to the public via our website, we are implementing our own efficiency measure by printing a brief overview rather than the full report. We invite you to visit the Alliance’s Community Checkup website ([www.WACommunityCheckup.org](http://www.WACommunityCheckup.org)) where you will find detailed results for 1,168 clinics and 255 medical groups, 96 hospitals, 16 health plans, 39 counties, nine Accountable Communities of Health and the state as a whole.



A downloadable PDF version of the full Community Checkup report can be found at [WACommunityCheckup.org](http://WACommunityCheckup.org)

# Better Outcomes: Our “True North”



*“The health and quality of life of patients are our “true north.” But we can’t achieve this in the dark: we need to know the true value of the health care we are providing. The data provided by the Washington*

*Health Alliance gives us an accurate picture of where we need to focus our efforts on improving patient experience and providing the best quality care. That is how we move to affordable and effective health care in our state, and in our country.”*

– Peter Rutherford, MD, Chief Executive Officer, Confluence Health

In years past, we’ve emphasized the need for significant improvement; this year is no exception as we continue to provide a picture of the state’s progress – or lack of progress – in achieving results that are at or nearing our aspirational goal of national 90th percentile performance on important quality measures included in the Statewide Common Measure Set. Years ago, members of the Alliance community agreed upon this goal. And, while we know that it’s a stretch and can sometimes feel unattainable, we have collectively held this goal out as our “true north,” believing that when we achieve it, we will be much further along the road to our destination – a healthier population in our state.

The quality of health care has a number of important dimensions, among them *reducing underuse of effective care* and *reducing overuse of unnecessary and potentially harmful care*. In this summary, we’ll touch on each, briefly noting several areas of opportunity for improvement.

## Reducing Underuse of Effective Care

Many, but not all, of the measures in the Statewide Common Measure Set are part of the national NCQA HEDIS<sup>1</sup> measure set, and they focus on access, prevention and reducing underuse of effective care for chronic illness. These measures were selected intentionally by health care leaders from across the state because (1) they have been nationally vetted and are in common use around the country, (2) they are evidence-based, and (3) because they afford the opportunity to compare our state results to national benchmark performance – letting us know how we’re doing compared to others around the country. We would significantly improve quality and outcomes in Washington state if our collective performance was high (nearing or achieving the national 90th percentile) and if the variation of performance among provider practices across our state was closely clustered around a state average that compares favorably to high national performance. Unfortunately, this year, as in past years, our results indicate that we are still a long way from achieving our goals and variation among practices continues to signal that we have significant opportunity for quality improvement. For example, it is not uncommon to see quality measure results for clinics and medical groups that have a 45 percentage point spread.

The following graphics provide a “short-hand comparison” of our results for the commercially-insured and Medicaid-insured populations to NCQA HEDIS national benchmarks. Results are shown separately for the two groups because national benchmarks differ. The percentages noted below refer to the percentage of Washington state measure results falling into this category; so, for example, “Below 25th” means below the national 25th percentile scoring for measure results.

As you can see in Figure 1, for the commercially-insured population our Washington state measure results (for 29 NCQA HEDIS quality measures) are at or below the national 50th percentile for more than one-half of the quality measure results (17 measures) and we are achieving 90th percentile performance on just one measure. For the Medicaid-insured population (Figure 2) our Washington state measure results (for 28 NCQA HEDIS quality measures) are at or below the national 50th percentile for more than three-quarters of the measures (22 measures) and we are not achieving 90th percentile performance on any quality measures.

1. HEDIS 2018 Volume 2: Technical Specifications for Health Plans, NCQA, Copyright 2017.

Figure 1: Washington State Results – Comparison to NCQA HEDIS National Benchmarks for **Commercially-Insured**

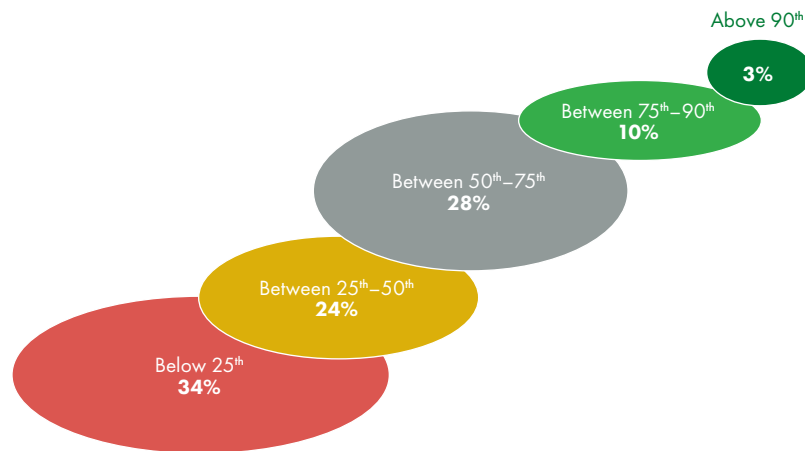
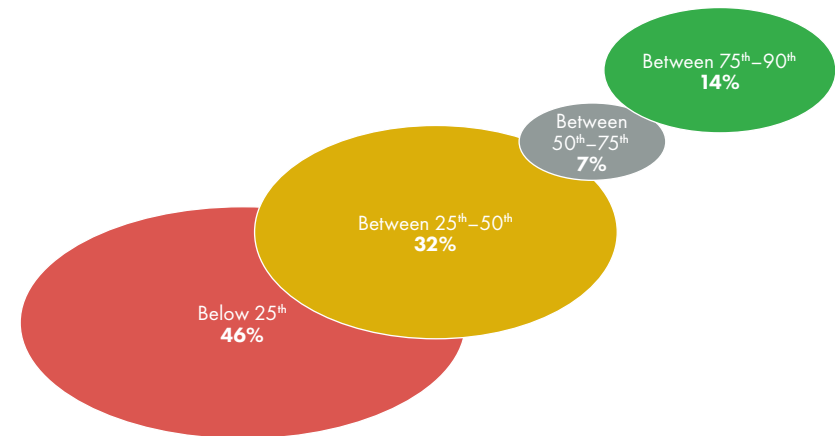


Figure 2: Washington State Results – Comparison to NCQA HEDIS National Benchmarks for **Medicaid-Insured**



On the following pages you will find detailed results, showing how each NCQA HEDIS measure compares to national benchmarks. It is important to note that there is some good news here. In the past year, we have seen some gains for several measures. For example, both well-care visits for adolescents (commercially-insured population) and follow-up care for children on ADHD medications (Medicaid-insured population) improved in comparison to national benchmarks.

But the results also point to where specific, targeted interventions are necessary to ensure Washingtonians consistently receive high-quality care. For example, improvement is needed in access to primary care, well-child visits for younger children, age-appropriate screening for cervical and colon cancer for adults, and evidence-based care for patients with asthma, diabetes and cardiovascular disease.

To see how Washington state has performed on benchmarks in previous years, go to:



[WAHealthAlliance.org/alliance-reports-websites/  
community-checkup/](https://WAHealthAlliance.org/alliance-reports-websites/community-checkup/)

Figure 3: Washington State Performance for **Commercially-Insured** as Compared to NCQA National Benchmarks

National Benchmarks	Measure	State Average	National 90th Percentile
<b>Above National 90th Percentile</b>	Eye exam for people with diabetes	72%	69%
	Avoiding antibiotics for adults with acute bronchitis	41%	44%
<b>Between National 75th and 90th Percentile</b>	Avoiding antibiotics for children with upper respiratory infection	95%	95%
	Kidney disease screening for people with diabetes	91%	93%
	Access to primary care (ages 65+ years)	97%	98%
<b>Between National 50th and 75th Percentile</b>	Adolescent well-care visits	46%	65%
	Avoiding X-ray, MRI and CT scan for low-back pain	79%	84%
	Breast cancer screening	71%	79%
	Follow-up care for children prescribed ADHD medication (30 days)	43%	52%
	Follow-up care for children prescribed ADHD medication (9 months)	47%	59%
	Staying on antidepressant medication (12 weeks)	70%	75%
	Staying on antidepressant medication (6 months)	54%	61%
<b>Between National 25th and 50th Percentile</b>	Access to primary care (ages 12–19 years)	89%	96%
	Blood sugar (HbA1c) testing for people with diabetes	89%	90%
	Chlamydia screening	42%	64%
	Colon cancer screening	61%	73%
	Spirometry testing to assess and diagnose COPD	36%	49%
	Statin therapy for patients with cardiovascular disease	82%	87%
	Well-child visits (ages 3–6 years)	75%	88%
<b>Below National 25th Percentile</b>	Access to primary care (ages 12–24 months)	97%	99%
	Access to primary care (ages 2–6 years)	87%	96%
	Access to primary care (ages 7–11 years)	89%	97%
	Access to primary care (ages 20–44 years)	88%	95%
	Access to primary care (ages 45–64 years)	94%	97%
	Appropriate testing for children with sore throat	81%	94%
	Cervical cancer screening	70%	82%
	Managing medications for people with asthma	45%	60%
	Monitoring patients on high-blood pressure medications	79%	87%
	Well-child visits (in the first 15 months)	72%	89%

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.

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Figure 4: Washington State Performance for **Medicaid** as Compared to NCQA National Benchmarks

National Benchmarks	Measure	State Average	National 90th Percentile
<b>Between National 75th and 90th Percentile</b>	Avoiding antibiotics for adults with acute bronchitis	40%	45%
	Statin therapy for patients with cardiovascular disease	82%	84%
	Staying on antidepressant medication (12 weeks)	60%	65%
	Staying on antidepressant medication (6 months)	44%	49%
<b>Between National 50th and 75th Percentile</b>	Avoiding antibiotics for children with upper respiratory infection	94%	96%
	Breast cancer screening	59%	69%
<b>Between National 25th and 50th Percentile</b>	Access to primary care (ages 65+ years)	84%	94%
	Appropriate testing for children with sore throat	76%	91%
	Avoiding X-ray, MRI and CT scan for low-back pain	70%	80%
	Blood sugar (HbA1c) testing for people with diabetes	87%	93%
	Cervical cancer screening	59%	71%
	Chlamydia screening	51%	71%
	Follow-up care for children prescribed ADHD medication (30 days)	43%	56%
	Managing medications for people with asthma	30%	51%
	Spirometry testing to assess and diagnose COPD	30%	42%
<b>Below National 25th Percentile</b>	Access to primary care (ages 12–24 months)	90%	98%
	Access to primary care (ages 2–6 years)	76%	93%
	Access to primary care (ages 7–11 years)	80%	96%
	Access to primary care (ages 12–19 years)	81%	95%
	Access to primary care (ages 20–44 years)	67%	86%
	Access to primary care (ages 45–64 years)	72%	91%
	Adolescent well-care visits	43%	67%
	Eye exam for people with diabetes	46%	69%
	Follow-up care for children prescribed ADHD medication (9 months)	47%	69%
	Kidney disease screening for people with diabetes	88%	93%
	Monitoring patients on high-blood pressure medication	84%	93%
	Well-child visits (ages 3–6 years)	63%	84%
	Well-child visits (in the first 15 months)	44%	75%

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.

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## MORE OPPORTUNITIES FOR IMPROVEMENT

This is not the whole story. The Statewide Common Measure Set also includes many measures that are not NCQA HEDIS measures and for which we don't always have national benchmarks. That said, we know just by looking at our statewide results on these measures that we have many opportunities to improve health. Here are just a few examples:

- 60% of children (by age 2) and 70% of adolescents (by age 13) did not receive recommended, evidence-based vaccinations
- 95% of Medicaid-insured children (less than 6 years of age) did not receive a fluoride varnish application during a routine, preventive primary care health visit
- 39% of pregnant women said their pregnancy was unintended at the time of conception
- An estimated 12% of children and 29% of adults self-report a Body Mass Index of  $\geq 30$
- 13% of youth (10th graders) report having used electronic vapor products during the last 30 days

## Reducing Overuse of Unnecessary and Potentially Harmful Care

A second and too often overlooked area of health care quality – reducing the overuse of unnecessary and potentially harmful care – also illustrates that we have tremendous opportunity for improvement.

In 2017, the Washington Health Alliance began using a new tool called the Health Waste Calculator™, developed by the Milliman MedInsight team, to analyze low-value health care services in Washington state. The Calculator currently includes 48 measures of medical treatments, tests and procedures *known by the medical community to be overused*. The continued provision of unnecessary tests, procedures and medications that have been shown to have little benefit to patients is potentially causing them avoidable physical, emotional and financial harm.

In the most recent version of the Alliance's "First, Do No Harm" report, we found the following across the 48 measures for approximately 4 million Medicaid and commercially insured patients in Washington state:

- **2,934,526** services were measured, totaling an *estimated* spend of \$849 million
- **47.2%** of measured services were found to be wasteful (1,383,720)
- 2,034,761 individuals received services: **50.1%** (1,020,081) received low-value services
- An *estimated* **\$341 million** was spent on low-value care

### First, Do No Harm

Calculating Health Care Waste in Washington State

December 2018



First Do No Harm, the Washington Health Alliance's second report on Health Care Waste, was released in December 2018. To see the full report, go to [WACommunityCheckup.org/highlights/](http://WACommunityCheckup.org/highlights/)

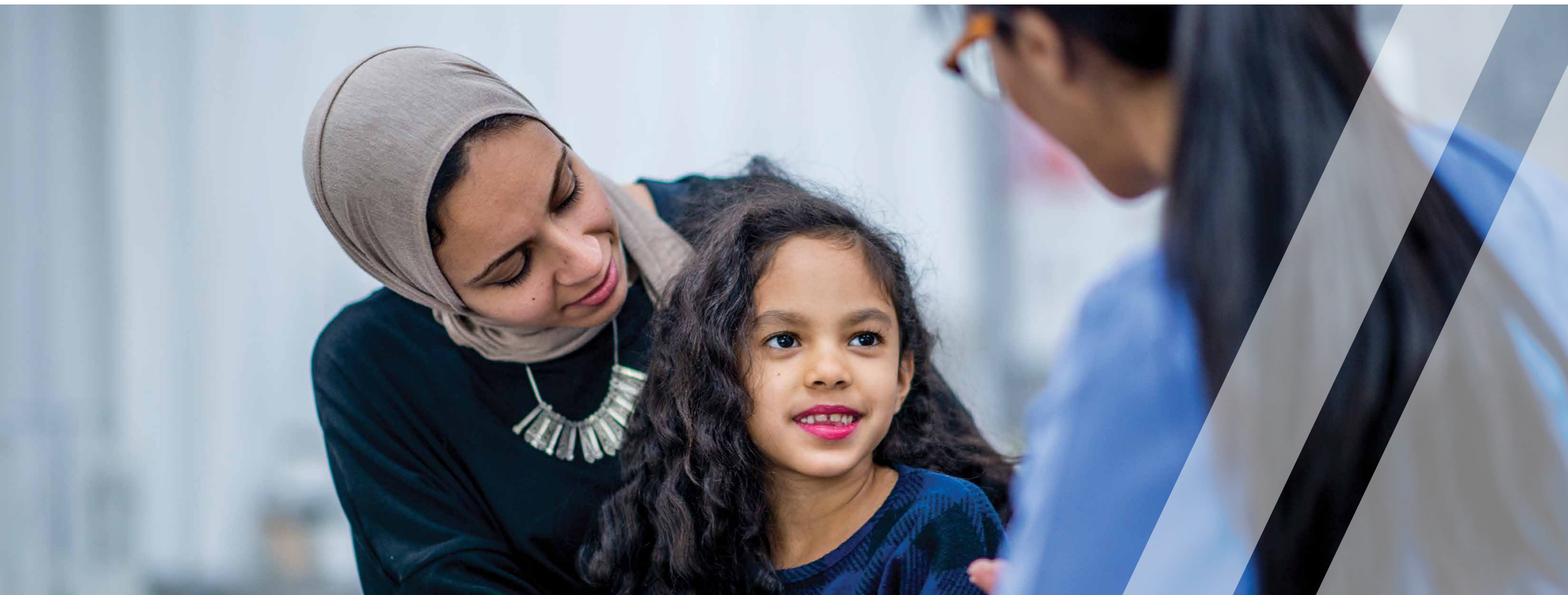
Below are some of the important areas of low-value care identified in our state – these represent a very good place to start in our collective efforts to reduce unnecessary and potentially harmful care to patients:

1. Opiates for treatment of acute low back pain
2. Annual EKGs or other cardiac screening for low-risk individuals
3. Eye imaging tests for individuals without significant eye disease
4. Preoperative lab studies, EKGs, chest X-rays and pulmonary function tests prior to low-risk procedures for healthy patients

5. Too frequent screening for prostate cancer (PSA-testing), cervical cancer and Vitamin D deficiency

6. Use of antibiotics for upper respiratory and ear infections

As our nation grapples with the challenges of inconsistent quality, inefficiency and waste, as well as skyrocketing medical costs, the need has never been greater for engaging each of you in our work and using the information in this report to make impactful changes to drive improvement.



## Comparing Medical Groups Overall Performance

# A Roadmap for Improvement



*“Physicians and medical groups are very competitive by their nature. Being able to compare to other medical groups helps us all get better. The medical group performance data from the Washington Health Alliance provides us with a roadmap for improvement.”*

– **Al Fisk, MD**, Chief Medical Officer, The Everett Clinic

The Community Checkup’s Medical Group Performance results are one way to gauge quality improvements over time. Although there are many factors that play into quality and various ways to score results, comparing performance against common measures and between groups provides a clear picture of where gains are being made or where there are gaps.

The following charts rank medical groups in the Community Checkup based on their results. Only medical groups with five or more publicly reportable measures are included. The ranking is based on a formula – agreed upon by stakeholders – that awards two points for each measure with above average results, one point for each measure with average results and subtracts two points for each measure with below average results.

Medical group charts are divided into two groups. The first set is for medical groups with results for 15 or more reportable measures. The second set of charts is for medical groups with results for between five and 14 reportable measures. A group may have fewer measure results simply because they did not meet the Alliance’s threshold (number of patients per measure) for public reporting; fewer measure results shouldn’t be viewed as a negative finding. Medical group results are reported separately for commercially-insured patients and those covered by Medicaid.



Did you know? You can compare Medical Group scores in several ways – by name, county, or measure – on our community checkup website using the Compare Scores page:

[WACommunityCheckup.org/compare-scores/compare-results](https://www.wahealthalliance.org/community-checkup/compare-scores/compare-results)

## CONGRATULATIONS TO OUR MEDICAL GROUP TOP PERFORMERS!

The following medical groups have ranked among the top five since implementation of the Statewide Common Measure Set (2015-2018). Results differ for Commercial and Medicaid.

### Medical Groups (Commercial)

- Kaiser Permanente Washington
- Swedish Medical Group
- Virginia Mason Medical Center

### Medical Groups (Medicaid)

- Kaiser Permanente Washington

Additionally, we would like to call out those medical groups that have been in the top five for three out of the four years:

### Medical Groups (Commercial)

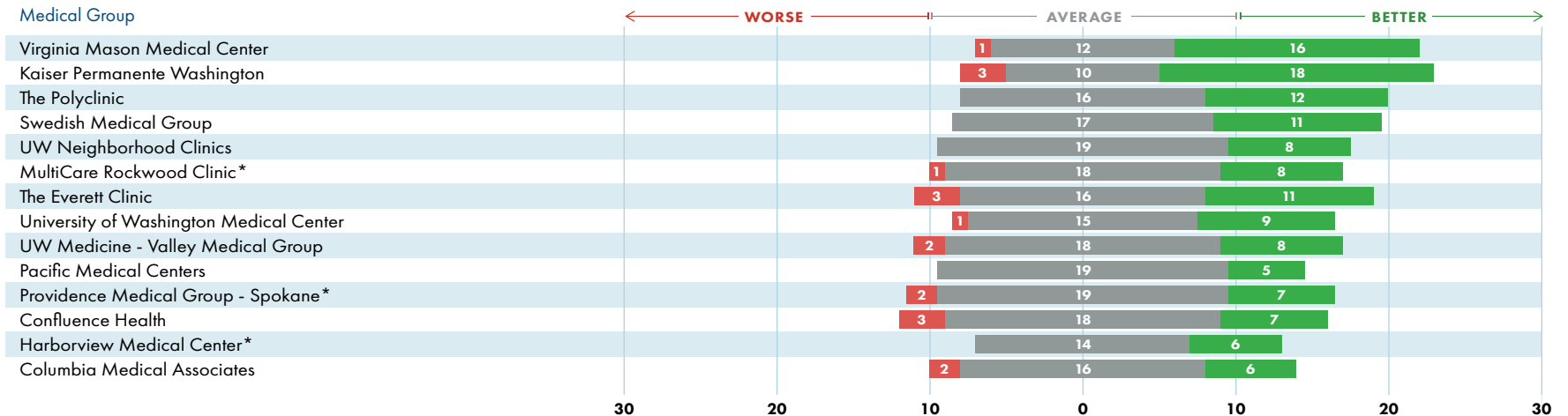
- The Everett Clinic

### Medical Groups (Medicaid)

- UW Medicine -Valley Medical Group

Other clinics and hospitals have shown improvement in specific measures in the past year. It is encouraging to see where progress is being made on important quality measures across the state. Congratulations to these medical groups!

Figure 5: Ranking Medical Group Performance for **Commercially-Insured**: Medical Groups That Have Results for **15 or More** Measures



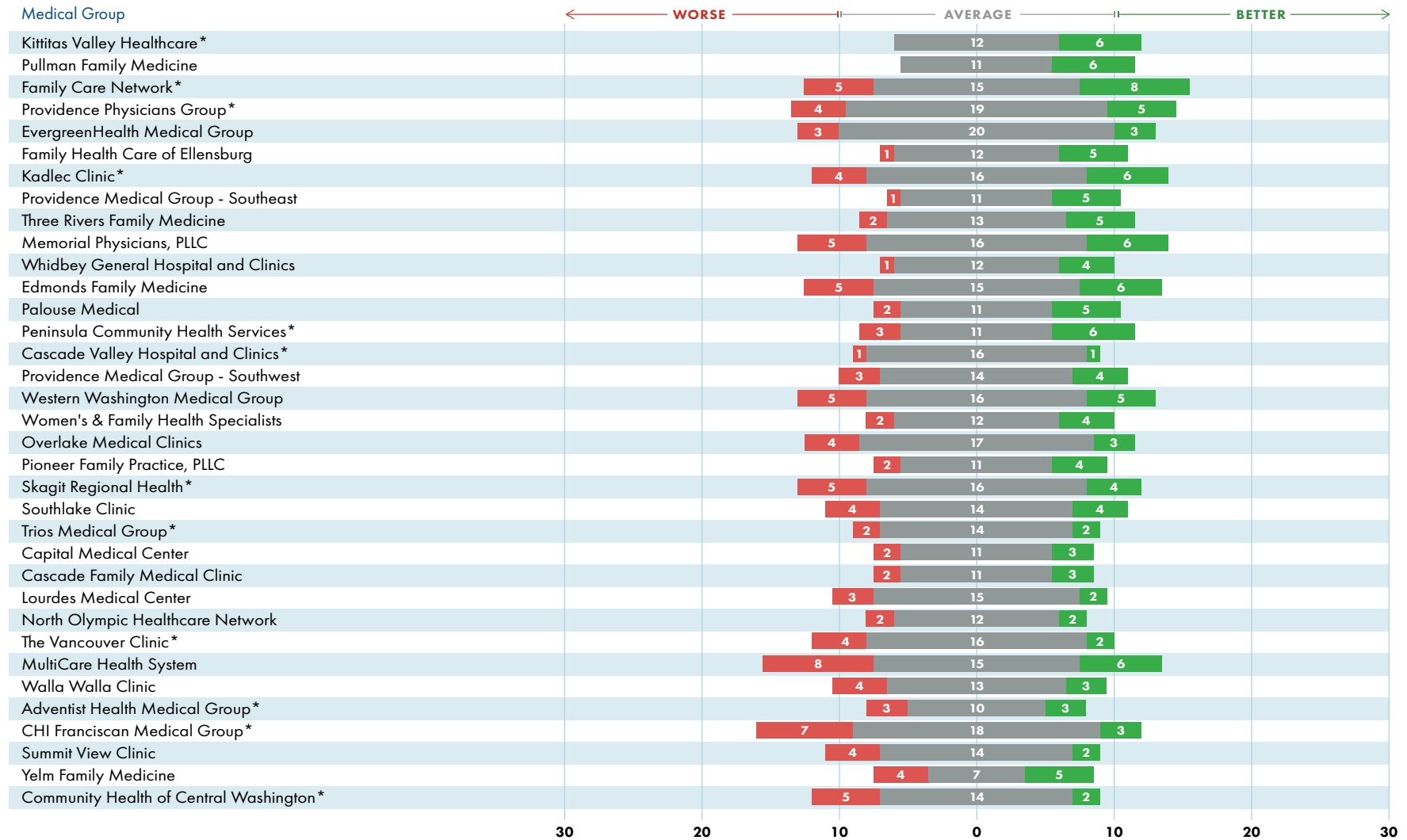
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\* At least 50% of patients attributed to this medical group have Medicaid coverage.

Based on claims and encounter data with dates of service between 1/1/2004–6/30/2017 and the measurement year of 7/1/2016–6/30/2017.



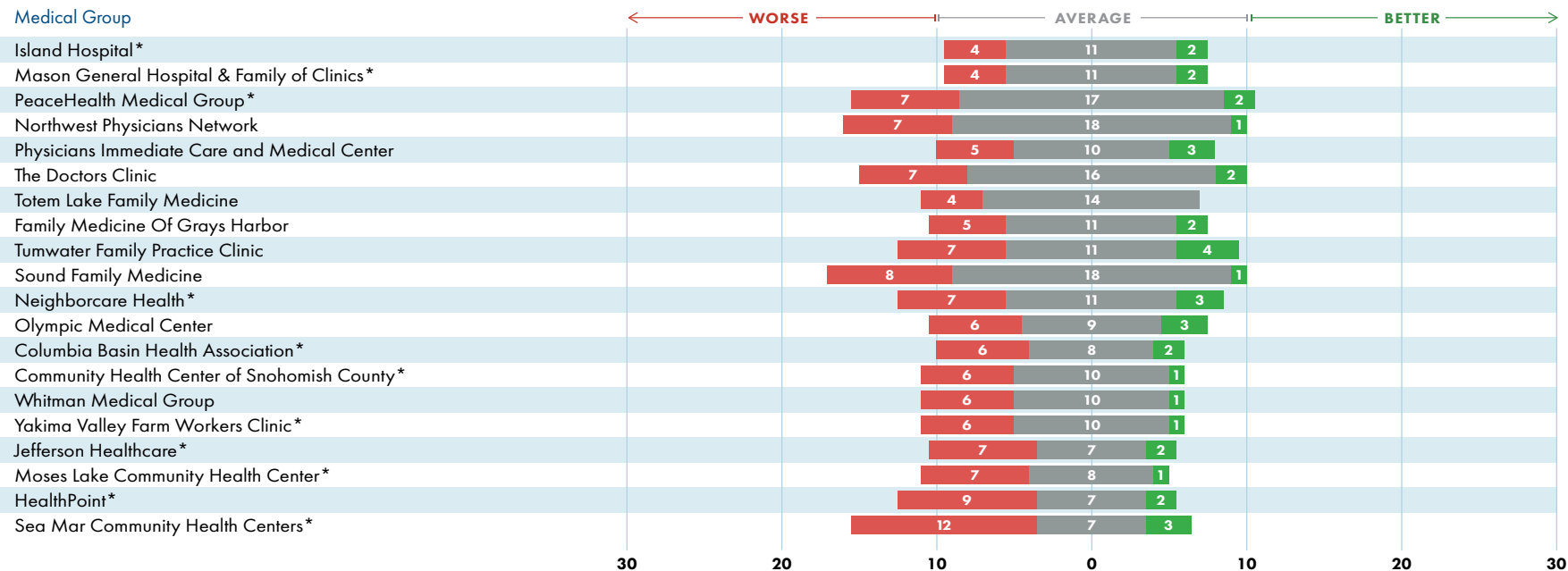
Figure 5: Ranking Medical Group Performance for **Commercially-Insured**: Medical Groups That Have Results for **15 or More** Measures (continued)



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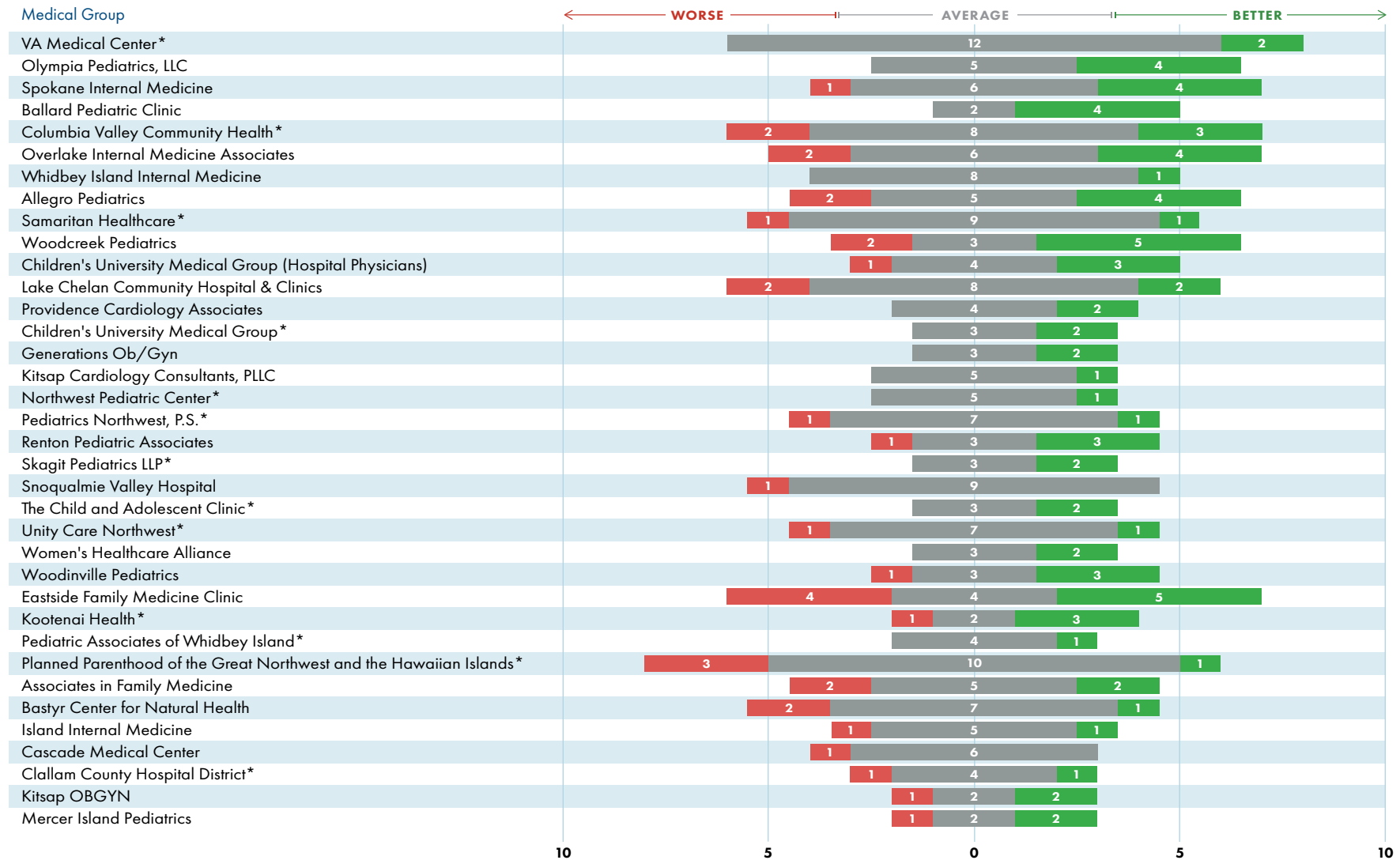
\* At least 50% of patients attributed to this medical group have Medicaid coverage.  
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2017 and the measurement year of 7/1/2016–6/30/2017.

Figure 5: Ranking Medical Group Performance for **Commercially-Insured**: Medical Groups That Have Results for **15 or More** Measures (continued)



\* At least 50% of patients attributed to this medical group have Medicaid coverage.  
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2017 and the measurement year of 7/1/2016–6/30/2017.

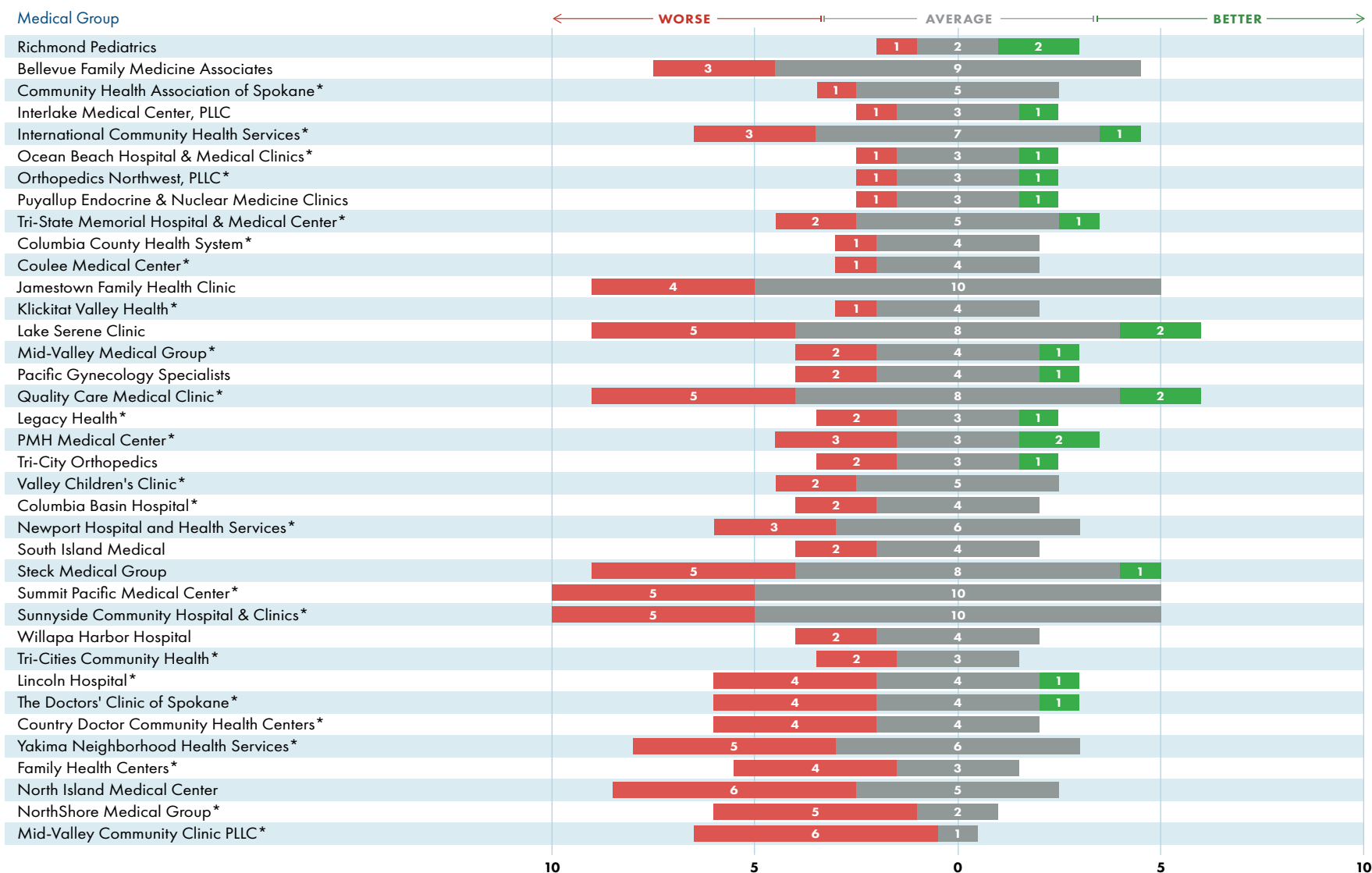
Figure 6: Ranking Medical Group Performance for **Commercially-Insured**: Medical Groups That Have Results of **Between 5 and 14** Measures



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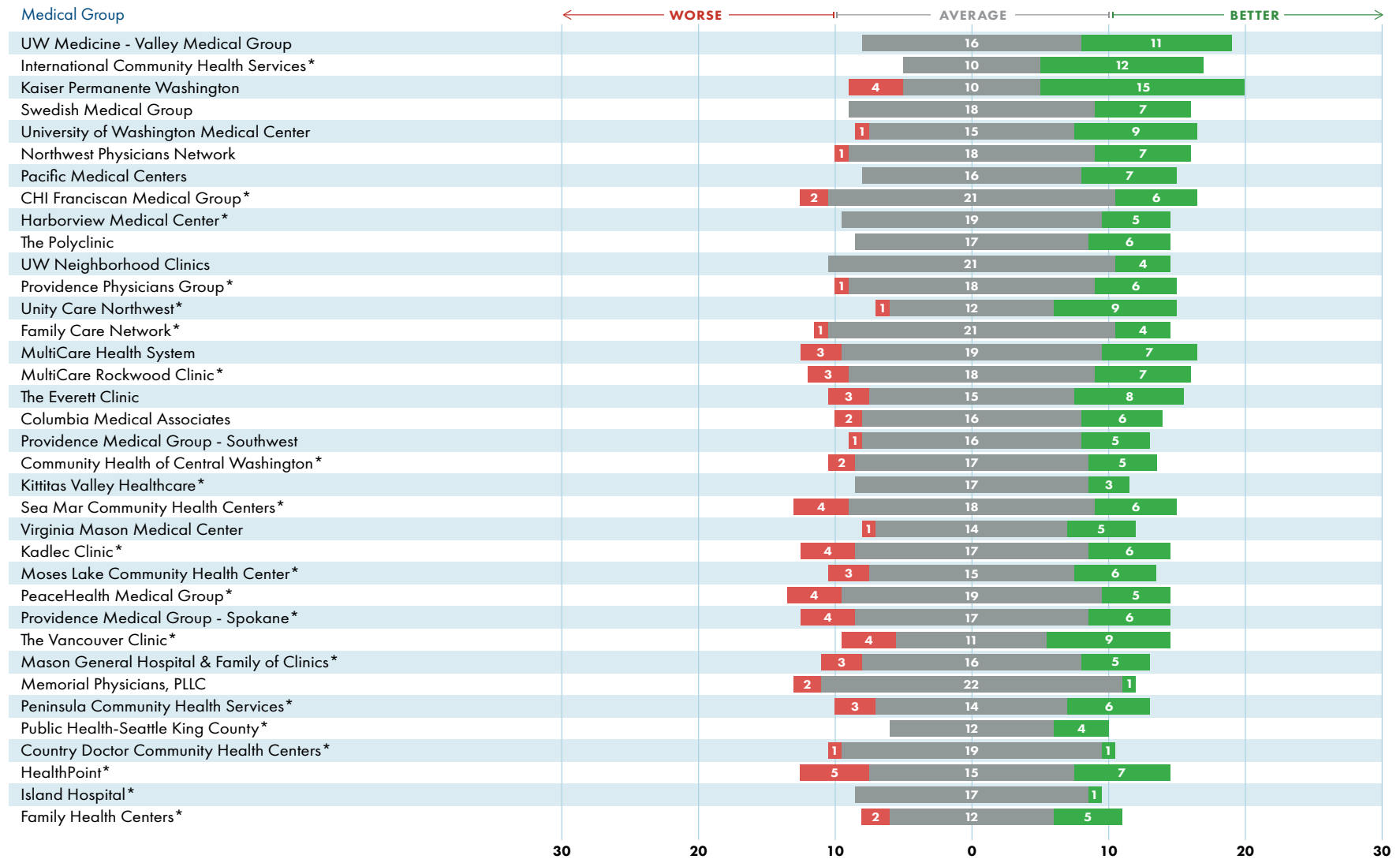
\* At least 50% of patients attributed to this medical group have Medicaid coverage.  
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2017 and the measurement year of 7/1/2016–6/30/2017.

Figure 6: Ranking Medical Group Performance for **Commercially-Insured**: Medical Groups That Have Results of **Between 5 and 14 Measures** (continued)



\* At least 50% of patients attributed to this medical group have Medicaid coverage.  
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2017 and the measurement year of 7/1/2016–6/30/2017.

Figure 7: Ranking Medical Group Performance for **Medicaid-Insured**: Medical Groups That Have Results for **15 or More** Measures

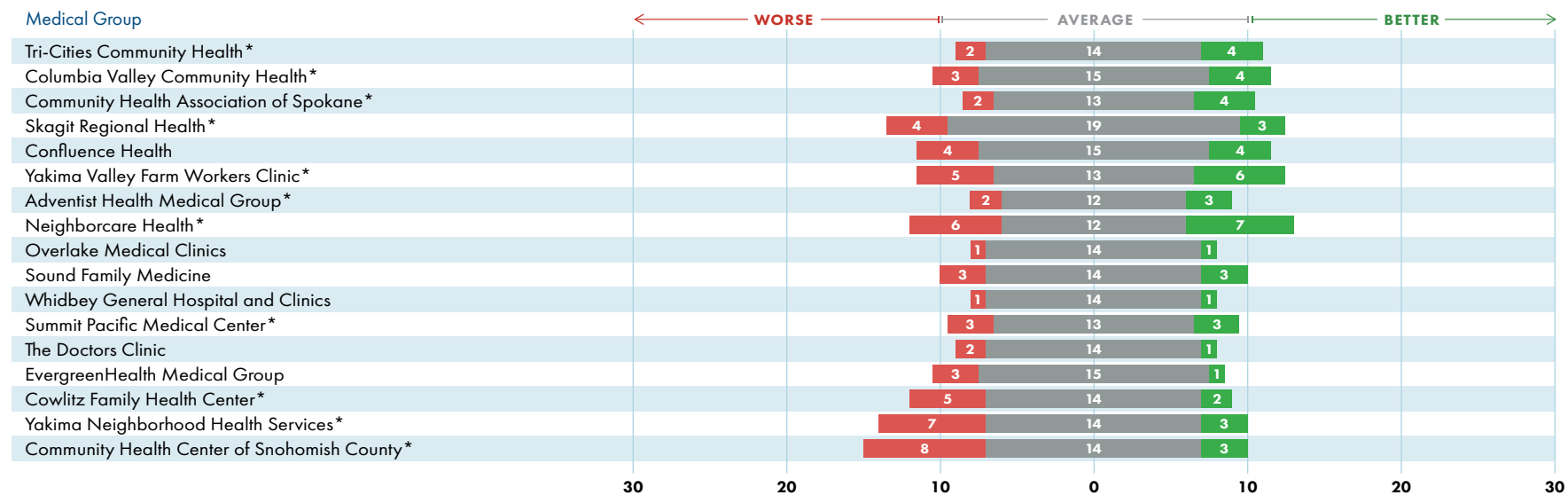


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\* At least 50% of patients attributed to this medical group have Medicaid coverage.  
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2017 and the measurement year of 7/1/2016–6/30/2017.



Figure 7: Ranking Medical Group Performance for **Medicaid-Insured**: Medical Groups That Have Results for **15 or More** Measures (continued)



\* At least 50% of patients attributed to this medical group have Medicaid coverage.  
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2017 and the measurement year of 7/1/2016–6/30/2017.

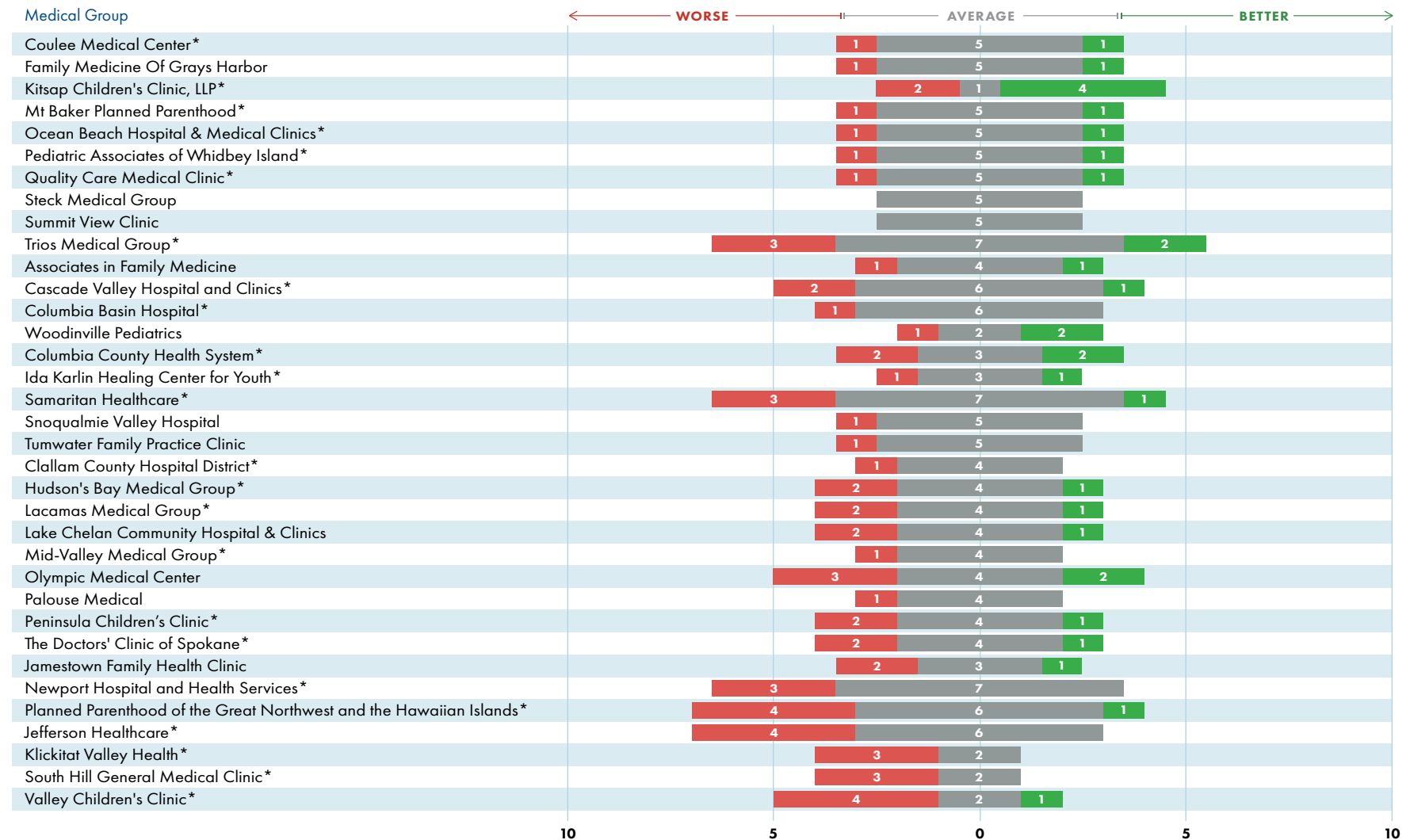
Figure 8: Ranking Medical Group Performance for **Medicaid-Insured**: Medical Groups That Have Results of **Between 5 and 14 Measures**



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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 1/1/2004–6/30/2017 and the measurement year of 7/1/2016–6/30/2017.

Figure 8: Ranking Medical Group Performance for **Medicaid-Insured**: Medical Groups That Have Results of **Between 5 and 14** Measures (continued)



\* At least 50% of patients attributed to this medical group have Medicaid coverage.  
Based on claims and encounter data with dates of service between 1/1/2004–6/30/2017 and the measurement year of 7/1/2016–6/30/2017.

# Health Care Spending in Washington State

## ANNUAL PER-CAPITA STATE-PURCHASED HEALTH CARE SPENDING GROWTH RELATIVE TO STATE GDP

The table below presents information on the Washington State-purchased health care annual spending – Medicaid and Public Employees Benefits Board (PEBB) Program – as a percentage of Washington state gross domestic product (GDP) for a five-year period (2012–2017). For each year, the denominator is that year’s GDP and the numerator is the amount spent by the state on health care that year (i.e. 2017 Washington State-purchased health care annual spending as a percentage of 2017 state GDP). Percentages reflect year-over-year changes.

In 2017, Washington State-purchased health care, including both Medicaid and public employees) was approximately \$11.6 billion – this represents a 4% increase from 2016 with the number of monthly eligible members remaining relatively constant from 2016 to 2017. Washington State-purchased health care annual spending in 2017 for the commercially insured (public employees) increased by 5%, whereas Medicaid spending in 2017 increased by 3%. However, there was an overall 2% drop in Washington state health care spending relative to state GDP, given that the Washington State GDP increased by 6% in the past year.

Figure 9: Health Care Spending Relative to the Washington State Gross Domestic Product, 2012–2017 (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	
<b>2012</b>	\$6,887,288,044		1,331,914		\$388,922,000,000		1.77%	
<b>2013</b>	\$7,237,372,839	5% Change	1,340,384	1% Change	\$405,561,000,000	4% Change	1.78%	<b>1% Change</b>
<b>2014</b>	\$9,343,491,434	29% Change	1,802,123	34% Change	\$427,242,000,000	5% Change	2.19%	<b>23% Change</b>
<b>2015</b>	\$10,211,579,455	9% Change	2,002,463	11% Change	\$453,186,000,000	6% Change	2.25%	<b>3% Change</b>
<b>2016</b>	\$11,221,013,029	10% Change	2,067,580	3% Change	\$476,934,000,000	5% Change	2.35%	<b>4% Change</b>
<b>2017</b>	\$11,636,551,657	4% Change	2,076,956	0% Change	\$506,353,000,000	6% Change	2.30%	<b>-2% Change</b>



To see additional breakdowns on Medicaid and Public Employee spending as well as graphs of spending over time, go to [WACommunityCheckup.org/highlights/](http://WACommunityCheckup.org/highlights/) and select Health Care Spending in Washington State.

## HOW TO CONTACT US

Please direct questions about the Washington Health Alliance or the Community Checkup to:

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## ABOUT THE WASHINGTON HEALTH ALLIANCE

The Washington Health Alliance is a place where stakeholders work collaboratively to transform Washington state's health care system for the better. The Alliance brings together organizations that share a commitment to drive change in our health care system by offering a forum for critical conversation and aligned efforts by stakeholders: purchasers, providers, health plans, consumers and other health care partners. The Alliance believes strongly in transparency and offers trusted and credible reporting of progress on measures of health care quality and value. The Alliance is a nonpartisan 501 (c)(3) nonprofit with more than 180 member organizations. A cornerstone of the Alliance's work is the Community Checkup, a report to the public comparing the performance of medical groups, hospitals and health plans and offering a community-level view on important measures of health care quality ([www.WACommunityCheckup.org](http://www.WACommunityCheckup.org)).

For more information on how the Alliance produces the Community Checkup, please visit [www.WACommunityCheckup.org/about/](http://www.WACommunityCheckup.org/about/).



For more information on measure specifications and how scores are calculated, visit the Community Checkup website:  
[www.WACommunityCheckup.org](http://www.WACommunityCheckup.org)





*The Community Checkup is produced by the Washington Health Alliance.*

**Community Checkup report:**  
[www.WACommunityCheckup.org](http://www.WACommunityCheckup.org)

**More about the Alliance:**  
[www.WAHealthAlliance.org](http://www.WAHealthAlliance.org)